

# **BRIDGING PROGRAMME GRADUATES' PERCEPTIONS OF THEIR PREPAREDNESS TO MANAGE A NURSING UNIT**

by

**PUSHPAVATHY NARANJEE**

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## **DEDICATION**

Anand, Thanisha and Tivania Naranjee, this is for you.

To my husband, Anand, thank you for your love, support, and patience, for all the sacrifices you made and for urging me on to complete this dissertation.

My precious daughters , Thanisha and Tivania , thanks for your enduring love, support and encouragement to complete my dissertation .Thanks for understanding and never complaining about the many evenings and weekends I sat with my laptop instead of spending the time with you.

To my family and friends, thanks for always supporting me and my educational journey.

**Student number 814 212 2**

### **DECLARATION**

I declare that **BRIDGING PROGRAMME GRADUATES' PERCEPTIONS OF THEIR PREPAREDNESS TO MANAGE A NURSING UNIT** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

.....

**Nellie Pushpavathy Naranjee**

28 February 2012

**Date**

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**STUDENT NUMBER** : 814 212 2  
**STUDENT** PUSHPAVATHY NARANJEE  
**DEGREE** : MASTER OF ARTS  
**DEPARTMENT** : HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA  
**SUPERVISOR** : PROFESSOR E POTGIETER

## **ABSTRACT**

The purpose of this study was to describe the perceptions of the bridging programme graduates regarding their preparedness to manage a nursing unit. Quantitative; descriptive survey design was used with a structured questionnaire as data collection instrument. The sample included 58 bridging programme graduates who had completed their training at a private nursing school and was working at seven private hospitals in KwaZulu Natal.

The graduates reported competence in performing some but not all management competencies addressed by this survey. Some graduates reported they were placed in charge of the nursing unit, in spite of not feeling competent, as early as in their first month.

Recommendations with regard to nursing education, nursing practice and further research, specifically relating to improvement of management competencies for new graduates, were made.

## **KEY CONCEPTS**

Perceptions; management; nursing unit; graduates; bridging programme; competence; registered nurse

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**LIST OF ABBREVIATIONS**

SANC	South African Nursing Council
RN	Registered Nurse
UK	United Kingdom
US	United States
UNISA	University of South Africa



**LIST OF ANNEXURES**

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Annexure B	Letter of application and approval from the research committee
Annexure C	Letters seeking permission from the hospitals under study
Annexure D	Approval letters from the hospitals under study
Annexure E	Letter to respondents
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## **CHAPTER ONE**

### **ORIENTATION TO THE STUDY**

#### **1.1 INTRODUCTION**

Currently, in South Africa, three nursing programmes focus on students graduating as registered nurses. The four-year diploma and four-year degree programmes lead to a qualification in General, Psychiatric and Community Health Nursing and Midwifery in accordance with South African Nursing Council (SANC), and Regulation No. R425 of 22 February 1985 as amended. The two-year diploma in general nursing, referred to as the bridging programme, leads to registration as a general or psychiatric nurse in accordance with the SANC Regulation No. R683 of April 14, 1989 as amended.

The bridging programme makes it possible for the two-year trained enrolled nurse to become a registered nurse. Enrolled nurses complete a two-year certificate programme, (SANC Regulation R2175), qualify at a lower level as a staff nurse and then have to work under the direct or indirect supervision of a registered nurse, as the curriculum, (according to R2175), focuses mainly on acquiring nursing and clinical skills and knowledge as opposed to management skills and practices (Mekwa 2005:273; Mellish, Brink and Paton 2003:61).

The curriculum breakdown of the bridging programme includes Applied Social Science, Ethos and Professional Practice, including Ward Management, Clinical Teaching and Integrated General or Psychiatric Nursing Science. On completion of the bridging programme the student should be able to apply the principles of management and provide clinical teaching within the nursing unit (R683, 1989, Paragraph 7 (1) (i and j)).

According to Chandler (2005: 569), all newly qualified nurses must have leadership and management skills because of the complexity of the health care environment. Qualified nurses have to make decisions and behave autonomously. The newly

qualified registered nurse is often left in charge of the unit in the absence of the unit manager. If the student had sufficient practice in leadership and management, he/she will be able to function effectively in the role expected of him/her. Leadership and management, according to Chandler (2005:569), must be included throughout the students' training as opposed to the last semester so that students can develop the essential skills that they require to lead and manage a unit.

Carlson, Kotze and Van Rooyen's study (2005:68), conducted in Port Elizabeth, South Africa, explored the experiences of final year nursing students with regard to their preparedness to fulfil the role of the professional nurse. The findings indicate that final year nursing students experience a lack of confidence to take on the responsibilities of professional nursing. They experienced powerlessness because of the lack of learning opportunities in the management of health care units. They were not given opportunities to make decisions and use their initiative. They were used as part of the workforce in the units and ward staff disregarded their knowledge and experience in the clinical environment. Students became frustrated and lacked confidence to address ward staff about poor nursing care, despondent, and experienced feelings of inferiority because the ward staff treated them, as though they were ignorant. Students indicated the need to be exposed to learning opportunities that would facilitate management competence, and to work for a period in a management capacity under supervision of a professional nurse. They stated that most of the management aspects relating to nursing practice had been covered in theory alone and no opportunity had been given or made available to practice hands on and take control.

According to Romyn, Linton, Giblin, Hendrickson, Limacher, Murray, Nordstrom, Thauberger, Vosburgh, Vye-Rogers, Weidner and Zimmer (2009: 2), it takes at least six months for new graduates to be able to practice independently and another six months to assume leadership and management responsibilities.

Although the bridging students have spent considerable time in the clinical area as enrolled nurses, they often return to the units in which they worked prior to their bridging training. Their roles have changed and they are expected to function in their new role with minimal or no orientation in the South African health care services.

This study explored whether bridging programme graduates, who enter the health care services as registered nurses, perceive themselves as being adequately prepared to manage a nursing unit.

## 1.2 BACKGROUND TO THE PROBLEM

The SANC statistics for the output of registered nurses between 2007 and 2010, indicate that 10 317 nurses graduated from the four year programme whereas 9 851 graduated from the bridging programme. This shows a difference of only 466 registered nurses (table 1.1). This is significant in that it reveals that the country's registered nurse population and healthcare service is largely dependent and staffed by the graduates of the bridging programme.

**TABLE 1.1: Output of Registered Nurses - Bridging and Four year programme 2007- 2010**

<b>Programme</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Total</b>
Bridging programme	2093	2628	2475	2655	9851
4 - year programme	2342	2371	2638	2966	10317

(SANC – Nursing Education Institutions Output 2007-2010: Bridging and 4- year programme)

Comins (2007:1), reports that both the Department of Health (South Africa) and Netcare have confirmed there are at least 28 000 to 30 000 vacancies for registered nurses in the public sector and 5 000 in the private sector. Berry (2005:240), contends that in the present health care environment, it is often difficult to provide students with hands on clinical experiences due to time constraints and a lack of trained nurses who can facilitate the clinical experience.

Mekwa (2005: 273), indicates that due to the current nursing education system in South Africa, students often function in a dual status both as a student and as part of the workforce providing patient care. This compromises the learning needs of students. The shortage of registered nurses may limit the opportunities for teaching and guiding bridging programme students in achieving competencies in their management tasks.

The final year bridging programme students are a large part of the workforce. Due to their experiences and competence, they are often allocated routine ward tasks such as dressings, pre-operative, postoperative care and given little opportunities to practice management tasks. De Swardt (2004:20), citing Potgieter (1992:141), states that hospital needs for workers are considered above the needs of students resulting in inadequate theory practice integration.

Moeti, Van Velden and Van Niekerk's (2004:73), study conducted in Pretoria revealed that experienced nurses are not satisfied with the quality of care that is provided by newly qualified registered nurses, as they cannot function autonomously according to the requirements of the South African Nursing Council's Scope of Practice of the Registered Nurse (R2598). Autonomy, according to Searle (2006:167), refers to personal accountability where the registered nurse is able to practice independently and make professional judgements and decisions for the patients in her care. The registered nurse must be answerable for her actions, give satisfactory reasons and be able to explain her actions.

The most important issue surrounding the above concerns is that the main objective of nursing education is to ensure that nurses are able to provide high quality care and display competence in all aspects of practice once qualified.

The researcher reviewed the published final examination results of the South African Nursing Council (SANC) for the bridging programme from 2007 to 2009 (table 1.2). Nationally an average of 28.5 % to 29.5 % of the candidates who wrote the Ethos and Professional Practice examinations, which include management, failed on their first attempt. It is concerning to note that between 31% and 41% of candidates who rewrote the examinations failed. This has consequences, as according to (R7, 1993, Paragraph 12 (1) (b)), the candidates who fail the examination for the second time in the same year have to complete an additional period of training before they are eligible to write a subsequent examination. This results in delayed registration as a general nurse.

**Table 1. 2: Analysis of bridging second year Ethos and Professional Practice examination results (2007-2009)**

	First attempt			Second attempt		
Year	Number wrote	Pass rate	Failure rate	Number wrote	Pass rate	Failure rate
2007	2054	71,5% (1469)	28,5% (585)	708	58,5%(414)	41,5% (294)
2008	2286	81.2%(1857)	18,8% (429)	684	68,6% (469)	31,4% (215)
2009	2361	70,5% (1666)	29,5% (695)	843	63,7 % (529)	37,3% ( 314)

(Green (2010): Analysis of exam results for Bridging, 2<sup>nd</sup> year, Ethos and Professional Practice (07-09)).

Rudan (2002:187), is of the opinion that nurse educators do not make the content of administration and management interesting and practical. This causes students to lose focus and interest on the content that is taught. When placed in the wards as registered nurses they often have trouble in integrating concepts of management as they have very little exposure to managing a unit.

Several studies conducted revealed that newly qualified registered nurses experience stress in their role transitioning. According to Delaney (2003: 437), the first three months of employment as a graduate as a nurse is most stressful. Wright (2002:138) is of the opinion that new nurses graduate with some acceptable basic competence, but experience great anxiety and difficulty in adopting their new roles, as they are unable to apply the theory to practice.

According to Heller, Drenkard, Esposito-Herr, Romano, Tom and Valentine (2004: 203), the current nursing shortage has increased the need for all nurses to demonstrate leadership skills. These authors contend that nurses have received very little training for management responsibilities and are often forced into managerial positions, for which they have not been sufficiently prepared in their nursing education programmes. They are therefore not equipped to function effectively as front line managers.

Rider (2009), explored the transition of baccalaureate nurse graduates into the practice of professional nursing in Oklahoma. Seven participants were interviewed about their transition experiences. The findings revealed that programmes to assist graduate nurses with their transition into the practice of professional nursing are necessary and important and should continue for a year or more after beginning practice. Further findings indicated that the new graduates only moved to independence three months after graduation. Most graduates identified similar problems with time management, delegation and prioritising. One graduate reported that she felt overwhelmed and exhausted. The heavy staff turnover made it very difficult for new graduates to practice.

Most of the studies conducted indicate that newly qualified registered nurses' most difficult role adjustment time is between 6 and 12 months after appointment. They also lack the necessary clinical skills, feel overwhelmed and experience several stressors, feel frustrated and often have trouble in role transition and professional socialisation.

Danielson and Berntsson (2007: 900), assert "there is a lack of knowledge regarding graduate nurses' experiences of preparation in nursing education for their work in health care". The study conducted in Sweden, revealed that registered nurses regarded nursing, biological and medical sciences as important to their work as opposed to humanities, social sciences and research. Registered nurses were better prepared for their clinical roles in providing nursing care as opposed to other functions such as health education, leadership and management. The findings of the study indicate there is an evident gap in what education prepares registered nurses for and what is actually practised.

O' Shea and Kelly (2007) ,conducted a study in the Republic of Ireland on the newly qualified nurses and their - experiences within the first six months following registration. The nurses described their experiences as stressful, as their new roles included many multi- dimensional responsibilities as well as managerial, organisational and clinical skills deficits. Studies conducted by Jonas (1993), and Ross (2000), as cited in O' Shea and Kelly (2007: 1535), indicate respondents felt

they were not prepared for the staff nurse's role, and in particular , relating to the lack of practical and managerial skills that is necessary for the position.

O' Shea and Kelly (2007: 1535) ,cite Maben and Macleod Clark's (1998), study which explored Project 2000 diplomats' experiences of the transition from student to staff nurse. The study highlighted the diplomats' experiences, which included expressions such as 'distressing', 'frightening', and 'absolute hell' and issues such as being left in charge of the ward and drug administration. The researchers found that nurses did not verbalise concerns around nursing skills, but about managerial and organisational skills. The focus is on patient care and lesser priority is given to managerial aspects of the new graduate's position. New graduates do not possess the managerial, organisational and clinical skills demanded of their new job.

The implications of these findings have significance for curriculum developers and educators. The curriculum should be developed with the aim of equipping and preparing students with the necessary skills that would be required of them on graduating.

### **1.3 STATEMENT OF THE RESEARCH PROBLEM**

The researcher, in her capacity as a nurse educator, has heard bridging programme students express concern that they are taught management concepts in theory but have little or no opportunity to practice or apply these concepts in the nursing units. The researcher has also observed that, on graduation, newly qualified registered nurses are placed in charge of shifts and expected to run nursing units in the absence of the unit manager. The researcher found two studies relating to the bridging programme in South Africa conducted by Nkosi and Uys (2005), and Pillay and Mtshali (2008). None of the studies explored the bridging programme graduates' perceptions of their management competence. The reality in South Africa is that bridging programme graduates are placed in nursing units and expected to lead a shift on graduation as registered nurses.

There is uncertainty as to whether bridging programme graduates are adequately prepared to manage a nursing unit.



#### **1.4. PURPOSE OF THE STUDY**

The purpose of the study was to ascertain whether bridging programme graduates perceived themselves as adequately prepared to manage a nursing unit.

#### **1.5. RESEARCH OBJECTIVES**

The research objectives were to:

- Describe how newly qualified bridging programme graduates view their preparedness for their roles in managing a nursing unit on completion of the bridging programme.
- Determine whether new bridging programme graduates experience any challenges in managing a nursing unit.

#### **1.6 SIGNIFICANCE OF THE STUDY**

Research into the bridging programme graduates' views on their management competence may provide insight into how best to support them in their transition to become registered nurses who are competent to manage a nursing unit. The results of this study may indicate limitations, current strengths and weakness in the bridging programme training and indicate which management competencies need to be addressed. Based on the findings of this study, nurse educators may implement recommendations with regard to the changes to the curriculum and unit managers may improve orientation programmes to effectively prepare the new basic course graduates for their management role. The findings may assist in indicating modifications that could lead to more competent registered nurses who can oversee and provide improved patient care. The bridging programme is currently being phased out as SANC has proposed new programmes and qualifications. However, the findings could still be helpful in the planning of the new curricula for the programmes leading to registration as a nurse. Also, recommendations can immediately be implemented in the health services to assist new graduates in their adjustment to function effectively as unit managers.

## 1.7 DEFINITION OF CORE CONCEPTS

### Perceptions

Perception refers to the mental action of knowing external things through the medium of sense presentations, intuitive apprehension, insight, or discernment, (New Waverley English Dictionary 1990: 788). The Pocket Oxford Dictionary of Current English (1996:661) defines perception as intuitive recognition of the truth or a way of seeing things. Potter and Perry (1999:1215) define perception as a person's mental image or concept of elements in their environment. In the context of this research, perception will relate to how the new graduates from the bridging programme view their ability to manage a nursing unit.

### Registered nurse

A registered nurse is an individual who is qualified and competent to practise nursing independently in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (Mellish et al 2003:7). In this study the term registered nurses will refer to those who completed the two-year bridging programme. A registered nurse, also referred to as a professional nurse, means a person registered as such in terms of section 31 (Nursing Act 2005 :6 )

### Newly qualified registered nurse

In this study, newly qualified registered nurses are those nurses who completed the bridging nursing programme and registered with the South African Nursing Council in 2010 and 2011 according to Regulation R683. The newly qualified registered nurses would not have had more than 12 months experience since the completion of the bridging programme leading to registration as a general nurse.

## Nursing school

A nursing school is an institution where the education and training of nurses takes place. For the purpose of this research, a nursing school is a tertiary educational institution that offers a diploma in nursing to students registered for the bridging programme. A nursing school can be a university, college, or a private hospital nursing school. A nursing school, also referred to as a nursing education institution, means any institution where persons are educated and trained for the profession of nursing (Nursing Act 33, 2005: 6).

## Nursing management

Management refers to those activities involved in coordinating people, time, and supplies to achieve desired outcomes and involves problem solving and decision-making processes. Management involves planning and organising what is to be done, who is to do it and how it is to be done (Cherry and Jacob 2008: 331).

In the context of this research, management refers to those activities which bridging graduates have to perform in the nursing unit while they are in charge.

## Leadership

Leadership is the ability to guide or influence others in order to achieve and accomplish goals (Cherry and Jacob 2008: 331).

## Nursing unit

The nursing unit is a subsystem of the healthcare institution and it is the clinical setting in which health care is rendered (Meyer, Naude, Shangase and Van Niekerk 2009:185).

In the context of the research, a nursing unit is referred to as a unit where bridging programme graduates function in the capacity as registered nurses. Nursing units are found in hospitals where patient care is rendered.

## Theory

Baxter, Boblin, Rideout and Ofosu (2007: 104) define theory as the underlying principle that describes, explains, and guides nursing practice. In this study, theory refers to the content that is taught in the classroom.

## Practice

Searle (2006:134) defines practice as 'putting knowledge in practice, to work at, or to follow a profession'. When used in the professional context, practice is described as the exercise of an occupation or profession. In this study, practice refers to the clinical environment where professional skills and technical competencies are performed in the nursing units.

## Bridging programme

A bridging programme is specifically designed to assist a person who already has a qualification, to attend college and achieve a higher qualification in the same field of study, and in less time than an entry-level student would require. The bridging programme for enrolled nurses is a two-year programme that allows the enrolled nurse to proceed to the professional level (Mekwa 2005: 273; Mellish, Brink and Paton 2003: 61).

## Graduate

A person who has completed a course of studies and received a diploma or degree is referred to as a graduate (The Pocket Oxford Dictionary of Current English 1996:379). For the purpose of this study, the term graduates refers to the students who have completed the bridging programme for enrolled nurses and graduated with a diploma in general nursing.

## Competent

Competent means to be adequately qualified or capable (The Pocket Oxford Dictionary of Current English 1996:168). For the purpose of this study competent refers to the bridging programme graduates' perceived abilities to satisfactorily perform management functions in a health care unit.

## Experience

Experience is the accumulation of knowledge or skill that results from observation of, or participation in events or activities (The Pocket Oxford Dictionary of Current English 1996:304). In this study, experience refers to the knowledge and skills of the bridging graduates as a result of their training and activities in the nursing units.

## Preparedness

Preparedness is the state of having been made ready or prepared for use or action (The Pocket Oxford Dictionary of Current English 1996:704). For the purpose of this study preparedness refers to the bridging programme graduates being ready and prepared to manage a nursing unit.

## Adequate

Adequate means sufficient or satisfactory (The Pocket Oxford Dictionary of Current English 1996:10). In the context of the study adequate refers to the bridging programme graduates having the requisite qualities or capabilities according to the outcomes of the programme, to manage a nursing unit.

## Roles

A function or position (The Pocket Oxford Dictionary of Current English 1996:789). For the purpose of this study role refers to the actions and activities assigned to, required, or expected of newly qualified registered nurses.

## **1.8. RESEARCH METHODOLOGY**

The study was conducted in seven (7) private hospitals in KwaZulu-Natal in South Africa that employ newly qualified nurses who had completed the bridging programme at a specific nursing school. Written permission was requested from the hospital managers of the seven (7) private hospitals in KwaZulu- Natal, the head of the nursing school and the research committee of the private hospital group involved, (the private hospital group may not be identified in keeping with the rules of confidentiality).

A quantitative, non-experimental, descriptive survey was undertaken to generate information on the perceptions of newly qualified registered nurses on their preparedness to manage a nursing unit on completion of the bridging programme. Data was collected by means of self- administered questionnaires which were distributed to the participants by the researcher and research assistants.

The population for this study included all newly qualified registered nurses who completed the bridging programme between July 2010 and March 2011, at a private nursing school in KwaZulu- Natal. These newly qualified registered nurses are employed at the seven (7) private hospitals in KwaZulu- Natal for which this nursing school trains. Due to the small numbers all newly qualified registered nurses were included in the sample. No sampling was done, and questionnaires were sent to all newly qualified registered nurses who were not involved in the pretesting of the questionnaire.

## **1.9 DATA COLLECTION AND ANALYSIS**

Data collection took place between 1 July 2011 and 15 August 2011. As this is a quantitative study, the data analysis was done using Statistical Package for the Social Sciences software. According to Brink (2001:179), statistical methods enable the researcher to reduce, summarise, organise, evaluate, manipulate, interpret and communicate quantitative data. Closed ended questions were quantified and frequency tables and percentages compiled. Open – ended questions were categorised, similarities in each category were identified and clustered.

## **1.10. CONCLUSION**

This chapter presented an overview of the study, the background, the research problem and the aims of the study. The target population was identified, and concepts were defined. A brief description of the research methodology was provided, including data collection and analysis.

## **1.11 OUTLINE OF THE STUDY**

Chapter 1 : Orientation to the study

Chapter 2 : Literature review

Chapter 3 : Research methodology

Chapter 4 : Data analysis and interpretation of results

Chapter 5 : Discussion of findings, conclusions, limitations, and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

According to Polit and Hungler (2004:88), a literature review is conducted to determine what is already known about the topic to be studied. A primary source of literature is written by the person who originates, or is responsible for generating; the idea published, or has conducted the research (Burns & Grove 2003:106). Primary sources include research studies, statistical data, diaries, letters, interviews, eyewitness accounts and documents. Secondary sources are those in which the reporter of the information is not the person who actually obtained the information. Secondary sources summarise and quote content from primary sources.

The literature review discusses the bridging programme in South Africa, nursing management, approaches to teaching and learning of management skills, theory – practice aspects, learning opportunities to develop management skills in the clinical environment and the professional socialisation of the new graduate. Primary sources as well as secondary sources were consulted.

#### **2.2 THE BRIDGING PROGRAMME**

Literature sources reveal that the bridging programme differs from country to country. The admission criteria, the course outcomes, the duration and the qualifications are different. In Australia, the bridging programme is designed for overseas qualified registered nurses. It provides them with the knowledge and skills required to practice safely and competently in a variety of health care settings. On successful completion of the course, graduates are eligible to apply to the Australian Health Practitioner Regulation Agency (AHPRA) for registration as a Registered Nurse (Registration Bridging Program for Overseas Qualified Registered Nurses 2012:1).



In Ontario, Canada, the bridging programme is designed for registered practical nurses who have graduated from a two- year diploma programme to enter the post-bridge nursing degree programme and earn a bachelors degree (R.P.N. Bridge to B.Sc.N 2012:1).

At the University of Phoenix in the United States of America, the nursing bridge programme is designed for registered nurses who want to earn their master's degree in nursing, but have a bachelor's degree in an unrelated field (Nursing Bridge Program 2012:1).

The structure and design of the bridging programme in South Africa is different from that of other countries. The bridging programme is presented as it is conducted in South Africa.

On 14 April 1989, the South African Nursing Council (SANC) published regulations relating to the minimum requirements for a bridging programme leading to registration as a general nurse or psychiatric nurse. The bridging programme for enrolled nurses, through SANC Regulation No. R683 was introduced to give the two-year trained enrolled nurses an opportunity to proceed to a professional level.

#### Admission to the programme

Applicants for the programme must produce proof of enrolment as a nurse and be in possession of a Standard 10 (Grade 12) certificate. Applicants without a Standard 10 (Grade 12) certificate must apply to the SANC for recognition of prior learning. Recognition of prior learning assessment is conducted against the learning outcomes of the final year of the programme for enrolled nurses. The applicant must meet the SANC requirements for enrolment as a registered nurse before he/she can access the bridging programme (SANC Guide for the implementation of recognition of prior learning by nursing education institutions 2009: 16).

## Duration of the programme

The programme is offered over two academic years. The student is granted not more than sixty (60) days leave of absence during the programme. Sick leave is calculated at twelve (12) days per academic year (R683, 1989, Paragraph 6).

## Examinations

The nursing schools conduct formative theoretical examinations during both years of training. Entry requirements for the first year examination is at least 40 weeks of training and passing with a mark of 40% in the Ethos and Professional Practice examination, that is conducted by the nursing school (R683, 1989, Paragraph 9(3) (c)). The practical examination is also conducted by the nursing school, which includes the integration of theory and practice. An average of 45% is required in both continuous practical and theoretical assessments for entry into the examinations (R683, 1989, Paragraph 9(4) (b)). Some nursing schools have devised their own performance standards and have stipulated the pass mark as 50%. The examinations of the first year consist of two papers on the subjects of Integrated General Nursing Sciences 1 and Social Sciences 1. The nursing school conducts the practical examination and the marks are submitted to SANC. SANC conducts the first year theoretical examinations.

The second year requirements include at least 44 weeks of training and an average of 45% both in theoretical and practical aspects, in a system of continuous assessment by the end of the month in which the examination is conducted (R683, 1989, Paragraph 9(4) (a)). The final examination set by the SANC, consist of three portions, namely a written portion of one paper of three hours on the subjects Integrated General Nursing Sciences II, a written paper of three hours on the subjects Ethos and Professional Practice, (including Ward Administration and Clinical teaching), and Social Sciences II (R683, 1989, Paragraph 7(2) (a), (c)). It is in the second year examinations that the management aspects of the curriculum are tested. At the time of writing the examinations, students would have had sufficient exposure to management competencies and would be able to integrate practice and theory.

The SANC Guidelines for the Bridging Programme for Enrolled Nurses leading to registration as a General Nurse or Psychiatric Nurse, (SANC 1989: Paragraph 7), provides guidelines for laboratory and clinical instruction which includes at least the following fields of practice: medical nursing, surgical nursing, operating theatre nursing, nursing in casualty and outpatients and paediatric nursing. The students must complete a minimum of 1000 practical hours per academic year in the clinical practice areas as indicated above. Students are placed in the different nursing units during their training and they have to work in that specific clinical area for a specified number of hours, which is approved by SANC. In this time students are expected to achieve the management skills and competencies they would require on employment as a registered nurse.

The SANC statistics for the output by the Bridging programme, from both public and private institutions for the period 2000-2009, is presented in the table 2.1 below:

**Table 2.1: Output by the Bridging programme from private and public institutions (2000-2009)**

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
PRIVATE INSTITUTIONS	176	256	419	495	523	798	704	832	1124	1109
PUBLIC INSTITUTIONS	1815	1422	1260	1346	1560	1558	1660	1261	1419	1106

(SANC (2010): SANC statistics for the output by the Bridging programme from both public and private institutions for the period 2000-2009)

From the table above it is apparent there has also been a significant increase in the number of students in the bridging programme since 2007 at private institutions. This can be attributed to the proposed changes by SANC regarding the new qualifications and the phasing out of the bridging programme.

The South African Nursing Council issued a circular in March 2009, (Circular 3/2009), which informed all nursing education institutions and other stakeholders, of the new nursing qualifications and programmes that are being implemented and the phasing out of the old programmes and qualifications (SANC: 2009). This also includes the phasing out of the bridging programme. Nurses will be known as professional nurses (previously registered nurses), staff nurses (enrolled nurses

previously), and auxiliary nurses, (previously nursing assistants). The curriculum for the new programmes is presently not available.

### **2.2.1 The management curriculum and content of the bridging programme**

#### **The curriculum**

As early as 1959, Charlotte Seyffer identified the need for management content to be included in the basic nursing curriculum. Seyffer (1959:1), conducted a study in six schools of nursing in Chicago to determine the kind and extent of management education to be included in the basic curriculum. The findings of the study revealed that each of the six schools provided extensive education in the area of management, both in the classroom and in the clinical learning environment.

According to Regulation R683, the curriculum relevant to management competencies requires the graduate to be able to work harmoniously within the nursing and multidisciplinary team in terms of the principles of interdependence and co-operation in attaining a common goal, and to refer patients appropriately. The graduate should be able to define his own practice according to personal knowledge and skill, practise it independently and accept responsibility thereof. The graduate is able to apply the principles of management in a nursing unit (R683, 1989, Paragraph 7(e), (f), (i)).

#### **The programme content**

The programme is spread over two academic years and consists of (a) Applied Social Sciences (including Communication Skills and Mental Health), (b) Ethos and Professional Practice (including Ward Management and Clinical Teaching) and (c) Integrated General or Psychiatric Nursing Science, depending on which registration is desired by the student (R683, 1989, Paragraph 7 (a), (b), (c)). In the context of this research, the graduates receive a diploma in general nursing. The guidelines for the bridging programme specify the subjects and the minimum requirements for subject content that is read in conjunction with the regulations relating to the scope of practice, Regulation R2598.

Ethos and professional practice, which includes the management component of the programme, extends over two years, one semester in the first year and one semester in the second year. The subject content includes management approaches and principles, methods, techniques and management skills to manage a health service unit. This part of the curriculum is commenced in the first year but consolidated in the second year of study (R683, 1989, Paragraph 2 (b)).

### **2.3 ADULT LEARNING**

In choosing the approach to teaching and learning, educators and nursing schools must bear in mind that their students are adults. Bridging programme students are considered as non-traditional students as they have already achieved a certificate in enrolled nursing and have been working for a period of time. They are returning to study and progress with their careers. Methods of teaching and resources must address the particular way in which adults learn. Adults actively participate in their learning experiences. The principles and characteristics of adult education must be taken into account when planning learning and teaching approaches. Learning opportunities must incorporate individual learning styles and the use of experiential learning concepts (Mellish et al 2003:67).

#### Characteristics of adult learning

Horton (2008:44), citing Knowles (1980), states “adults not only want to be in control of their learning experiences, but they have a psychological need to direct them”. This differentiates them from children, as adults are in control of their own lives and situations, and can therefore take responsibility for their learning.

Mellish et al (2003:67), citing Knowles (1980), states that adult students need to know why they must learn something. Nursing educators must give reasons and explanations to students why management content is included in the curriculum. Students must be made to understand that management is an integral part of their role as registered nurses. If the learning objectives are clear and the knowledge being learned is relevant; students will accept the purpose of the learning activities. Adults take responsibility for their learning and become less dependent on their

educators. The adult comes to the learning situation with a vast amount of experiences. These experiences act as a reservoir which he/ she can draw from and relate to new learning experiences. The adult student must therefore be allowed to develop her own concepts based on her experiences and not be taught all the time. This must include active participation in the learning activities (Naude, Meyer & Van Niekerk 2004:85).

Developing managerial skills can increase their efficiency and effectiveness as registered nurses. Adults will learn best when they see the relevance of the learning to the real life situation (Naude et al 2004: 85). The curriculum must include aspects that impact on real life situations which are pertinent to the student as opposed to subject matter content. Preferably, problem-solving approaches may be used when planning adult learning activities. Focus should be on the application of knowledge to the situation.

Adults' motivation is largely internal. Self esteem, quality of life, job satisfaction, recognition, greater self-confidence and self-actualisation are some of the factors that motivate the student to learn (Naude et al 2004: 85). Objectives and strategies for management must be developed as well as activities must be structured to ensure effective learning takes place based on principles of adult learning. In order for effective learning to take place, the adult student requires evaluation and feedback from their supervisors and facilitators. Actions can be corrected and learning activities reinforced. A discussion of teaching and learning strategies, based on adult learning concepts, is discussed later in the chapter.

## **2. 4 NURSING MANAGEMENT**

Naude et al (2004: 131), define management as a process whereby the goals of the organisation are achieved by the manager's direction of the group and coordination of activities and resources. Tappen (2001: 221), states the work of the unit manager is not simple as it requires significant knowledge and skills as well as leadership to plan effectively so that quality and productivity of work is ensured.

Muller (2002: 103), also supports Tappen's (2001), opinions that management of any nursing unit requires certain management abilities (knowledge, skills, values /attitudes). The unit manager is responsible for quality care and managing the unit in the most cost effective way. Different sectors of the health service give different titles to the nurses in charge of the units, for example, charge sister, and ward manager and head of department. Tappen (2001: 6), asserts nurses need adequate preparation for carrying out management tasks, as they are often expected to fulfil these roles when placed in beginning or semi management positions. They would experience difficulties if not prepared for these responsibilities.

Tappen (2001: 221), identifies areas in which managers must be well prepared in order to be effective:

- Assume leadership of the group. Managers work through other people and need leadership skills to function effectively.
- Actively engage in planning the current and future work of the group, which includes time management.
- Provide direction to staff members regarding the way the work is to be done, and monitors the functioning of the unit as a whole to maintain quality and productivity and recognizes and rewards quality and productivity.
- Foster the development of every staff member. This includes retraining the staff members with new skills. Development of staff can include encouraging them to continue their education, give them time off to attend continuing education programmes as well as ensure a teaching and learning climate in the unit where staff is encouraged to share their skills and knowledge with others in that unit.
- Represent both the administration and staff members as needed in discussions and negotiations with others.

The management content of the bridging programme prepares the students in all the aspects identified by Tappen (2001) above. Management includes the four functions of planning (planning of present and future tasks, planning of staff), organising (includes time management), directing (staff development, providing direction on

how work is done) and control (including others in discussions, staff development, recognising and rewarding productivity).

#### **2.4.1 Management levels**

There are various levels of management in a health service. Muller (2002: 130), describes them as the operational level, the departmental level, organisational level and head office level. The first level is the ground or operational level. At this level, clinical nursing is provided and is managed by the unit manager known as the first level manager. Depending on the size of the health service there can be a departmental management level, for example, family planning, surgical or medical departments. The departmental managers are in charge of more than one unit and, according to Muller (2002: 130), are known as area or middle level managers. The manager in charge of the health service overall is known as the organisational manager, general manager, hospital manager or medical superintendent. All health services report to a head office. In the private institution under study, the organisational structure is divided into operational levels (unit managers), departmental levels (nursing managers), organisational levels (general managers), regional levels (regional managers) and head office level.

#### **2.4.2 Management functions of the registered nurse**

The four-fold role of the registered nurse includes clinical, administrative, teaching and research functions. Of significance to the study is the administrative function. Management of a unit does not necessarily refer to the tasks and functions of a designated unit manager. In providing health care, the registered nurse has to manage personnel, equipment, stock and other material resources skilfully and economically. The registered nurse also coordinates all aspects related to health care such as the environment, patient's daily needs like medication, hygiene, nutrition, as well as the co- operation with the multi disciplinary health team.

Administrative function, which is synonymous with managerial functions, relates to the activities the registered nurse is involved in regarding the general running of the unit. For a unit to function effectively there must be adequate supplies and



equipment. Although many hospitals have stock controllers and ward clerks that perform this function, the registered nurse is still overall responsible to check and ensure that supplies are adequate, equipment is in working order and available and inventory of stock is done regularly. The unit also needs to be adequately staffed with the correct skill mix according to the needs of the patient. The registered nurses' function is to ensure that the staffing has been properly planned and the principles of duty scheduling have been adhered to such as the fair allocation of staff and correct skill mix. Assignment of staff, delegation of tasks and duties, supervision over the staff and coordination of activities in the unit, falls under the administrative functions of the registered nurse (Muller 2002: 131).

### **2.4.3 The management process**

Muller (2002: 131), describes the management activities as planning, organizing, directing and control. The objectives of the unit are achieved by using all these activities in conjunction with the vision, mission and philosophy of the health service. No management activity happens, or is practised, in isolation. They are interdependent on each other and are applied continuously throughout the day. For example, the staff schedule is planned. Each day the staffing is reviewed, re-organised and delegated according to the needs of the unit and the patients.

Naude et al (2004: 133), supports Muller's (2002), description of the management process by naming the four functions of management as planning, organising, leading/ directing and controlling.

"In 1916, French industrialist Henri Fayol first described the functions of management as planning, organizing, directing and controlling, which is still relevant today" (Sullivan and Decker 2009: 55). The management process is similar to the nursing process. The nursing process is classified into the assessment, planning, implementation, evaluation and recording phases. The management process gives similar guidance to the unit manager in carrying out the daily functioning of the unit (Naude et al 2004: 135).

## Planning

Planning is the first phase of the management process. According to Booyens, (2001: 64), “planning forms an important part of each component of the management process, namely, organisation, personnel provision, directing and control.” Planning determines what we want to achieve, how we are going to achieve it and an evaluation if we are successful in achieving the goals that were set (Muller 2002:131; Sullivan and Decker 2009: 55).

Booyens (2001: 64), citing Kroontz and Weihrich (1988), supports Muller’s (2002: 131), view that planning involves selecting missions and objectives and actions to achieve them, requires decision-making and choosing from alternatives. Planning enables the manager to think strategically and gives direction for the future.

Sullivan and Decker (2009: 55), describe planning as a four-stage process:

- Establish objectives (goals).
- Evaluate the present situation and predict future trends and events.
- Formulate a planning statement, (means).
- Convert the plan into an action statement.

Planning is grounded from the mission, philosophy and goals of the organisation (Booyens 2001: 64; Muller 2002: 131; Sullivan and Decker 2009: 55). Planning can be contingent and strategic (Sullivan and Decker 2009: 56). In contingency planning, the manager identifies and manages the various problems that interfere with getting the work done. This can be reactive or proactive. Strategic planning refers to the process of continual assessment, planning and evaluation to guide the future.

Booyens (2001: 72), discusses the most important types of plans as strategic or corporate plans, operational plans and project plans. Strategic plans involve what the organisation wants to do during a specific period of time, which are usually long term plans from one to five years ahead. This type of planning normally involves top managers, but can include managers at every level of the organisation. Operational planning is the day-to-day and month-to-month planning done by managers of every department. This type of planning depends on the nature of the work performed, the routine of the unit and the needs of the customers (patients). Project plans are large

projects or activities that do not happen on a daily basis and require more intense effort and time. This is not commonly undertaken by the unit manager but can happen at group level. For example, a group of staff can embark on a project to curb absenteeism in the workplace.

## Organising

According to Muller (2002: 133), organisation in the nursing unit refers to the orderly structuring of functions or responsibilities in order to ensure the smooth running of the activities. According to Naude et al (2001: 134), organising is where plans are converted into action by use of resources such as personnel, time, money, facilities and equipment and includes aspects such as staffing scheduling, recruitment, selection, delegation, absenteeism and turnover management. Sullivan and Decker (2009: 56), defines organising as delegating and assigning tasks to subordinates according to type of task identified and the availability of skills in the nursing unit. Organising incorporates the mission, formal organisational structure, delivery systems, job descriptions, skill mix and staffing patterns. Organisation provides the necessary framework within which management takes place. Within this framework, the work is determined and allocated to the personnel in the unit according to their capabilities and as prescribed by the Scope of Practice (Booyens 2001: 228). Organisation involves organising the personnel and supplies, stock, equipment, time and activities.

## Directing in the unit

Directing allows the unit manager to apply her leadership skills in supervising, motivating, empowering personnel, delegating and directing them towards the set goals (Muller 2002: 134; Naude et al 2004: 134; Sullivan and Decker 2009: 56). Aspects used in directing include time management, communication, stress management, problem solving, decision-making, change management, conflict management, staff development, disaster preparedness and cultural diversity.

## Controlling

Naude et al (2004: 134), citing Morrison (1993), states, "controlling is an ongoing process to compare present performance with pre-established performance standards". Aspects included in controlling are performance management, quality assurance, productivity, discipline, coaching and ethical and legal issues. Sullivan and Decker (2009: 56), support Naude (2004), by stating that controlling involves comparing actual results with projected results. According to Muller (2002: 134), control focuses on the responsibility to promote quality nursing care and cost-effectiveness in the unit. The unit manager needs to continuously evaluate to ensure that unit objectives are met by setting standards, evaluating the tasks performed according to the set criteria and implementing remedial steps to overcome problems.

Muller (2002:135), discusses the unit manager's controlling function as proactive, continuous and reactive. Proactive control refers to implementing measures such as standards setting, establishing routines, policy and procedure formulation to ensure smooth running of the unit. Continuous control refers to the supervision and direction of staff to provide quality care. Reactive control refers to the application of discipline to overcome problems which already exist.

Thus far, the management process was discussed using nursing management sources and literature. The four processes of management do not apply to nursing only. They are used in management of any other discipline, business, profession or company. A review of other literature, not related to nursing, also revealed that management follows the same four processes. There is an abundance of literature related to the management process. Two sources are referred to for comparison purposes.

Wijesinghe (2010:1), states planning is the fundamental and an important managerial function which provides the design of a desired future state and the means of bringing about that future state to accomplish the organization's objectives. The second function of the management process includes getting prepared and organising resources well beforehand to put into practice the course of action that has been planned. This process includes establishing and maintaining relationships

and also assigning required resources. Directing is the third function of the management. Working under this function helps the management to control and supervise the actions of the staff. Control is the follow-up process of examining performance, comparing actual against planned actions and taking corrective action as necessary. It is continual, it does not occur only at the end of specified periods.

Rothbauer-Wanish (2009:1), states the first component of managing is planning, whereby the manager determines what the organization's goals are and how to achieve those goals. This information comes directly from the vision and mission statement for the company. Setting objectives for the goal and following up on the execution of the plan are two critical components of the planning function. Managers are responsible for organization of the company, as well as the people and resources. Having the correct number of employees and the necessary resources is critical to completion of tasks. Leading or directing includes motivating employees to meet the firm's goals. The controlling function involves monitoring the firm's performance to make sure goals are being met.

## **2.5 APPROACHES TO TEACHING AND LEARNING OF MANAGEMENT SKILLS IN THE BRIDGING PROGRAMME**

In nursing education, there are two aspects of learning – the practical aspect (clinical setting) and the theoretical aspect. Practice is based upon theory. The student is taught the theory in the classroom and is expected to correlate and apply this theory in the clinical area as part of nursing practice. Theory and practice are not separate concepts and must be seen as a whole, they cannot be studied in isolation.

Van Rensburg (2002: 1) quoting Gregorc and Butler (1994:27) states "individuals learn in different ways and deserve to be taught in a way that best suits their needs". Different teaching strategies must be used to accommodate individual learning styles when educators plan the curriculum.

## **2.5 .1 Theoretical aspects of nursing management in the bridging programme**

### ***2.5.1.1 Current systems used for teaching nursing management***

The block system

Miss EM Pike, the matron of Groote Schuur Hospital in Cape Town, first used the block system in South Africa in 1943 (Mellish et al 2003: 258). The syllabus and block attendance dates are set out for the year and handed to students and the relevant stakeholders such as hospitals, nursing colleges and universities. Students are removed from the practice setting and attend college where the allocated theoretical part of the syllabus is taught. The nursing school plans the theoretical hours as prescribed by the relevant SANC regulations for the particular course. This is included in the curriculum and submitted to the SANC for approval. Mellish et al (2003: 258), states one-fifth to one third of the total course period can be allocated for block system.

The block system is advantageous, for bridging programme students, in that it removes the student from the stress of the clinical environment and allows for learning to take place without any interference. The disadvantages are that the methods of knowledge delivery may not benefit all students, and large amounts of information are delivered which the student can forget. A weakness of the system, as presently implemented, is that when the students are away from the classroom setting very little correlation of theory and practice takes place. Students are not motivated to learn when away from college. Theory has to correspond with what is required in the clinical situation. It is common to find theory being taught long before the practice is implemented or sometimes after the skill or competency has been acquired. However, the block system can be successful if carefully planned Mellish et al (2003:261).

Yildirim , Ozkahraman and Karabaduk (2011:178), feel the block system is an advantage as nursing courses are usually taught in three or four blocks of time. This gives them additional time to gain critical reflection .To incorporate critical thinking into the curriculum , nurse educators must either increase classroom time or

decrease content by teaching concepts rather than facts .The authors are of the opinion that critical thinking has been positively associated with active learning strategies and the degree to which students interact with their educators(Yildirim et al 2011:178) .

#### The study- day system

Specific days each week are set aside as study days for classroom learning activities. The students are released from the wards for these study days. This system is advantageous in that theory is presented more slowly, where the slower student can keep up with the class. The student is continuously exposed to both theory and practice. This may be a more suitable system when correlating it with adult learning principles( Mellish et al 2003: 263).

#### The daily lecture release system

Students attend lectures on certain days of the week. This can be done either in on-duty or off-duty time. This causes disruption in the wards and the duty schedules, as staffing has to be arranged around release days for students. This system can, however, also be advantageous for the student in that theory and practice can be correlated easily (Mellish et al 2003: 263).

#### The daily concurrent theory and practice system

In this system the students attend lectures in the mornings or afternoons and attend clinical practice during the rest of the day (Mellish et al 2003: 264). This system mainly takes place in universities.

#### System used for teaching bridging programme students

Currently the block system is used for the bridging programme by the nursing school in this study. It is effective because the system is structured where the students attend college for a week every month during their period of training. They spend the next three weeks in the clinical area, where they must apply what was learnt to the

practice situation. This method results in improved teaching and learning. More time is available for educators to use different and creative teaching methods like group discussions, role play and simulations, in keeping with adult learning methods. Students also get to know their peers from the other hospitals and share important information around best practices in management. The block system allows time for the educator to teach each subject in greater depth rather than cramming the students with too much information in a short space of time.

### ***2.5.1.2 Current teaching strategies used to teach management skills in the classroom***

To expose the students to a variety of learning styles, the nursing school uses carefully chosen strategies like problem-based learning, various lecture styles, projects, workshops, workbooks, group discussions, role play and simulations.

Problem-based learning.

Problem-based learning has been adopted world wide as a teaching strategy. Uys and Gwele (2005:127), define problem-based learning as an approach where learners handle and solve problems in a learning environment under the guidance of a teacher. These problems relate to real problems that can present within the clinical setting. The educator guides and facilitates learning, while the student takes responsibility for learning. The authors contend that the traditional approaches to teaching, where the educator plays the role of a knowledge transmitter is no longer valid, and that the problem solving approach should be developed and used. Most authors agree that students who graduated from a problem –based learning approach are more likely to be better prepared for practice than those graduating from a traditional learning approach (Uys and Gwele 2005:131).

Mellish et al (2003:100), state problem-based learning does not only focus on the content but also on the learning process. This approach actively involves the student in his or her own learning. This method can include several disciplines that can be taught together. The problem-based approach requires investigation and collection of data and gives the student an opportunity to be involved in research activities.



Problem solving is a learning activity that allows the adult student use their past experiences and knowledge to find solutions to problems with regard to management they may encounter during clinical practice. This gives them ideas about what may work and what may not work.

Theory is more interesting when it is correlated with practical application, as adults are practical and problem-solvers (Naude et al 2004:85). This strategy is used extensively in the bridging programme. Problem-based learning starts with the problem and students have to find out how much they need to know in order to solve it (Quinn 2001: 86). An example is when students are given basic information about a patient and then required to compile a suitable care plan. Once the student has planned the interventions, she checks against the real case to see if the ones she chose were those which were actually selected for the patient.

Van Wyngaarden (2008:20) maintains that problem -based learning involves the introduction of the problem to students in a way that is similar to its presentation in the clinical setting. Students use reasoning abilities and a logical problem solving approach to manage these problems, as they would in real life situations. Using this approach the students are able to evaluate and identify their existing knowledge and skills, and the effectiveness of their learning. This would assist in them identifying their own learning needs and direct their learning .Students actively participate in their own learning, instead of being passive recipients of learning.

The practice of nursing management requires one to be able to think critically, to be analytical and solve problems. An evaluation of the problem – based approach to teach management skills in the bridging programme would indicate the appropriateness of the method. Nurse educators, have to reflect on traditional teaching methods and use approaches that develop critical thinking skills in students.

Bridging programme students, as adult learners, need to be actively involved in the learning process. This view is supported by Russell, Comello and Wright (2007:1), who state that active learning promotes critical thinking and problem solving abilities. Active learning methods help the students to develop concepts, understand principles and apply knowledge in clinical work. A study was conducted by Russell

et al (2007), in Texas, to determine if problem- based learning was an appropriate learning strategy for nurses in an ambulatory care setting using ethical dilemmas as problems. The teaching strategy included shared knowledge and improved decision-making and critical thinking skills. The participants of the study agreed that the problem- based approach was an effective learning strategy. Problem -based learning encouraged the students to learn through self direction and self appraisal, while allowing for the development of clinical problem solving skills through the integration of information. These methods leave the student with greater level of knowledge and better learning skills (Russell et al 2007:4) .The bridging students on graduation as registered nurses would encounter different problems in the clinical setting. They would be required to respond to, and provide solutions to these problems.

Vittrup and Davey (2010: 88), conducted a study in Australia among graduate nurses where a structured group problem- based learning activity was introduced. The learning activity aimed to prepare graduate nurses to cope with the multiple challenges faced as they enter the nursing profession by enhancing their skills of inquiry, problem –solving and reasoning . The findings resulted in graduate nurses displaying critical thinking , clinical judgement and knowledge acquisition skills. An unexpected benefit was the enhancement of clinical practice behaviours such as communication and interactive skills.

### The lecture

The lecture is a formal presentation of subject matter by the lecturer (Mellish et al 2003: 102). The lecturer prepares the content and presents it to the students. The students passively listen and may take notes. Very little or no active participation takes place in this method. At the end of the lecture students are given the opportunity to ask questions. The lecture is a useful method to deliver a large amount of information to a large group of people. The teacher is available to clarify information and misunderstanding. The disadvantages are that the student passively listens and can get easily bored where no learning can take place. This method does not facilitate problem solving and allow for individual learning rates. Different and newer methods must be used that can offer new ways of teaching in

order to facilitate management skills among bridging students. Adults prefer to be actively involved in learning activities that enable them to draw on their previous knowledge and experience.

Nkosi and Uys (2005), conducted a study on the professional competence of nurses who have completed different bridging programmes. The study conducted in KwaZulu- Natal compared the professional competence of nurses who completed bridging programmes using two different methods. A comparative study was done on students who used the case study approach and students who used the lecture based method. The study revealed that both bridging programme graduates achieved high scores and there was no significant difference between the two programmes. Both methods of teaching worked and produced competent nurses. No studies regarding the perceptions of the newly qualified registered nurses, regarding their preparedness to manage a unit on completion of the bridging programme, could be found in the literature. In spite of the criticisms around the lecture method it is still the most frequent teaching strategy used to teach management in the bridging programme. Management concepts are fairly new to most bridging programme students; hence the lecture method is more effective for presenting new information (Quinn 2001:339). Examples of management aspects that are taught using the lecture method is the management process and provision and utilisation of personnel.

## Projects

A project includes researching and obtaining information, which is then presented by the student in a visual form. Projects can be individual or group efforts. Project work involves a great deal of participation by all concerned, and learning takes place not only from their own research but from others participating in the project (Mellish et al 2003:117). Projects may be a useful teaching strategy to teach management. Students learn better when material is relevant to their own needs and interests. Projects on management issues can allow them to be fully engaged in critical learning activities and skills that they would require on graduating.

Projects are also used on a small scale in the nursing school to teach management in the bridging programme. Guidelines and objectives for specific projects are allocated to the students. Once completed, students present these projects in class or to the lecturer. Projects may form part of the practical year mark. Examples of projects used as teaching methods are developing a unit orientation programme, drawing a policy for the nursing unit or developing a disaster management protocol for the unit.

The question of whether projects are an effective learning strategy for management skills is raised? Phaneuf (2012:10) advocates that projects are an effective strategy as it gives meaning to learning and encourage the development of competence. With projects, students learn to apply their knowledge in different situations.

Project is defined as a whole –hearted purposeful activity proceeding in a social environment (Project Method 2009:1). The value of projects, as cited in this article, include giving the students freedom for thought and action and providing for individual differences. A study conducted by Stanley (1989), examined how a project based on the research process was effective in teaching nursing research to post basic registered nurses (Project Method 2009: 2). The respondents described the experience as most enjoyable and resulted in an improved attitude towards nursing research. Using the project method to teach management skills may result in a positive and enjoyable learning experience, thereby increasing and enhancing management skills of new graduates.

From the discussions above one can conclude that the project method is an effective learning strategy for bridging students to gain the necessary management skills they would require on graduation to manage a nursing unit .

### Group discussions

This is a valuable teaching strategy especially for senior students. Students are encouraged to participate in, and air their own views on a particular topic. It is used to develop critical thinking and allows for the student to think for herself and express ideas and views (Mellish et al 2003:117). Adults learn best in an environment that

fosters participation and active involvement. Adult students have varied experiences related to management of a unit and can contribute valuable information during group discussions.

Rahman, Khalil, Jumani, Ajmal, Malik and Sharif (2011: 84), undertook a study in Pakistan to investigate the effectiveness of teaching methods in the subject of social studies. The study involved a comparison of the lecture method and the discussion method. The authors indicate that teaching by discussion can be an effective way of helping students to apply abstract concepts and think critically about what they are learning. Group discussion is based on teamwork and the principles that the knowledge, ideas and feelings of other students have a greater merit than that of a single individual (Rahman et al 2011:87). The findings revealed that the group taught with the discussion method performed better than the group using the lecture method.

Yildirim et al (2011:178), support group discussion as a method where students are required to be adequately prepared, participate actively and learn to think critically.

This method is also used often in the nursing school for teaching of management skills and theory. Ethical problems, problems associated with patient care, conflict management, staff management and quality improvement are taught using group discussions. While withholding names of hospitals and patients, actual cases and solutions are discussed as learning events. Hypothetical problems are also presented and discussed, so that skills can be developed if similar problems are encountered in the workplace. Group discussions are a valuable teaching method for management.

Bastable (2008:434) defines group discussion as a method whereby learners get together to exchange information, feelings and opinions with one another and the teacher. This method is learner-centred as well as subject-centred and is a commonly used instructional technique. Group discussion is an effective method for teaching in both the affective and cognitive domains. In management, the student will be required to use both affective (feelings, attitudes) as well as cognitive

(knowledge, information, judgment) domains in order to solve problems and ensure the effective functioning of the nursing unit and staff.

## Workbooks

A workbook is designed to guide students through observations which should be made, and activities which should be carried out, during clinical practice. It is a means of guided self-instruction and can be applied to many fields of nursing, including general and specialist area (Mellish et al 2003:123).

Final year bridging students are required to complete a management workbook, which they submit towards the end of their academic year. This management workbook, compiled as a portfolio of evidence, is evaluated and contributes to a portion of the practical year mark. The management workbook is designed around the four management processes and covers most aspects of the management curriculum. Students are required to compile a portfolio of evidence of practical activities relating to aspects of management practice. These include policy development, evaluation of and compiling a vision, mission, philosophy and objectives for a unit, decision making, problem solving, conflict management, incident management, duty scheduling, assignment of nursing care and quality improvement programmes.

The students are given the workbook at the beginning of their second year programme. They are expected to complete the workbook as they rotate through the different nursing units and gain competence in each aspect. This workbook is completed under the supervision of the unit manager of the nursing departments. Students who completed the bridging programme often comment that they found value in this workbook as it helped prepare them to perform the management tasks they were faced with on graduation.

Broomhead and Timmers (2010:1), state the portfolio of evidence is an important tool for the assessment of learning and training, particularly in skills, which will provide support to the development of vocational education. This is relevant especially for bridging students as they would need to have management skills on

graduation as a registered nurse. The portfolio of evidence would give them the learning opportunities to develop critical management skills.

Hennessey (2008:2), citing (Neades 2002), states a portfolio is a “collection of work that, when put together, demonstrates that achievement or learning has taken place”. The author maintains that professional practice portfolios have been used widely by nurses around the world for a number of years. Portfolios enable the nurse to provide formal evidence of ongoing professional development and are considered to promote accountability and confidence in nursing practice.

Hennessey (2008:2), citing Urbach (1992:71), reports the intended outcome goal of a portfolio is to "describe, through documentation over an extended period of time, the full range of your abilities". The portfolio focuses attention on the goals of students, and provides evidence of how these have been achieved.

## Workshops

Khan, Ali, Vazir, Barolia & Rehan (2012:85), conducted a study in Pakistan, exploring students' perceptions about the effectiveness of teaching and learning strategies that were currently being used at a college of nursing, in improving nursing students' knowledge, skills and attitudes. The authors cite Weller (2004), who conducted a simulation based workshop for students, and reported that 64% of the students felt that they learned the skills of team work, 33% felt their approach to problem solving became systematic and 36% felt that they learned the application of theoretical knowledge in a clinical setting.

Yildirim et al (2011:178), cite Martin (1996), who conducted a workshop to develop critical thinking skills and problem solving skills for students. On evaluation, it was found that the students demonstrated evidence of improved critical thinking skills overall following the workshop.

The workshop is considered to be one of the most effective methods for group learning (Mellish et al 2003:172).

According to Muller (2002:334), "well planned workshops can be held with the aim of applying theory to practice or reaching consensus towards problem solving in the

unit". Examples include formulation of standards and designing quality improvement programmes. Workshops relating to management skills are also used as a learning method at the nursing school. Managers and experts in the different fields of management are invited to make presentations of management activities to bridging students. The clinical facilitators in the hospitals under study also arrange management workshops for their students. The workshops are aimed at applying the theoretical concepts to the practical situation or nursing unit. Examples of workshops as a method of teaching are problem solving in the unit, formulating standards, applying budget principles, designing and implementing quality improvement programmes.

### Simulation

Reed, Lancaster and Musser (2009:17), citing Isenberg and Scalese (2008), state that clinical simulation is a practical, efficient and valuable learning method where nursing students are able to participate in learning experiences to gain confidence in management and decision-making skills. Simulation scenarios must be included in senior-level courses such as nursing leadership and management, as nursing students are often not able to practice the leadership role in clinical settings. The shortage of experienced registered nurses and time pressures leads to senior students not being able to gain experience in management skills such as prioritizing and delegation.

In Reed et al's study (2009), the Nursing and Leadership Resource Management (NLRM) course faculty developed a clinical simulation scenario to present the expected and unexpected challenges of managing a nursing unit. Students' experiences included practice of critical skills of time management prioritising and delegating patient care appropriately, interaction with families and physicians and providing quality care. The simulation experience was based on the course and clinical objectives.

Students enrolled in the course were in their final semester prior to graduation and had completed all theory and clinical specialty area course content. The simulation experience took place in the final six (6) weeks of the semester. Students were given various roles and duties to perform as they occur in the clinical setting. Some



students functioned as observers who paid careful attention to student decisions and behaviors, especially in complex situations. Feedback was given at the debriefing session at the end of the scenario. The findings were that students were able to make good decisions in complex situations during the simulation. The faculty was confident that leadership and management skills can be taught, practiced and evaluated in the laboratory environment.

Reed et al (2009:20), agree that new graduate nurses are often given the responsibility of charge nurse within the first year of practice rather than after several years of experience. Incorporating simulation into nursing education may increase the confidence and ability of graduates in need of management and leadership skills. Students may benefit from the experience in a positive learning environment that increases their clinical skill, clinical decision-making and confidence as new graduates.

Mackenzie (2009:3), citing Arundell and Cioffi (2005), indicate, "often clinical reasoning and decision making skills are taught during formal lectures which do not allow the student to apply these skills". Mackenzie (2009), recommends that scenario-based simulation methods can be used to allow students to practice clinical judgment and decision-making skills and receive immediate feedback on their performance. Mackenzie (2009:3), refers to studies conducted by Arundell and Cioffi (2005), Alinier, Hunt, Gordon and Harwood (2006), Chau et al (2001), and Morgan (2006), which support the above.

Britt (2009), conducted a qualitative study in New Hampshire to gain insight into seven (7) new graduate nurses' perceptions of utilizing simulated mock code training during the orientation process. Four emerging themes: developing confidence, developing knowledge base, developing critical thinking and developing a sense of realism were analysed. The research showed that simulation could be a beneficial tool to assist with the new graduate nurse transition into the workforce (Britt 2009: ix).

Simulation is also used as a teaching strategy at the nursing school. New graduates are at times left to manage the nursing unit and would be required to deal with

patient and staff problems, as well as handle and manage conflicts. These are often taught using simulation, where they are able to practice problem solving techniques, conflict management principles while learning how to cope with real situations.

### Role play

Muller (2002:332), describes role play as the simulation of reality, with the student imitating it. This can be applied especially when interpersonal skills are required, for example in patient education and conflict management.

Brule (2008:124), states the 'missing piece' in the education of the nurses is that schools focus on theory rather than practical application. This is one of the reasons why new nurses experience difficulty during transition into practice. Brule (2008:124), quotes Jasper (1996), as stating the traditional nurse education structure and the theory – practice gap negatively affects the hospitals and clinics where the new graduates are placed, as well as the nursing profession.

As role play is also used at the nursing school as a learning strategy, it is important to determine whether it is an effective method to teach management skills.

According to (Alvear 2006:1), role playing is an effective learning method for adult education because it increases learning retention, provides hands-on training, and enables better teamwork and communication. The author postulates that role play puts students directly into the situations they will face in the clinical setting. Training is hands on and students are encouraged to use application of knowledge more effectively than handouts or presentations.

Jarvis, Odell and Troiano (2002:1), state with role play, there is increased involvement on the part of the student, which results in improved learning. These authors maintain that the role play approach can be used in a variety of settings including the classroom and clinical area. Jarvis et al (2002:2), citing Lloyd (1998), state role play is a strategy where the students use their background knowledge in addition to acquiring new information about the character in order to better play the role. Management of a nursing unit presents many complex challenges. The new graduate would need to retrieve and apply all knowledge in order to solve these

problems. Role play assists in students being able to practice clinical skills, management skills, problem –solving skills and communication strategies. At the school under study, role play is used to teach conflict management, assertiveness skills, attending to patient complaints, leadership styles and patient education.

Riera, Cibanal and Mora (2010: 618), conducted a study with third year students at the University of Alicante between 2007 and 2008, in order to assess role play as a methodology in the teaching learning process for the nursing degree. The findings concluded that role play was an important and effective methodological tool for the teaching-learning process in nursing. Students learnt to deal with care situations from an individual and realistic perspective. Role –play allowed for the integration of theory and practice and was viewed positively by the majority of the students.

To conclude the discussion on teaching strategies it is important to match the teaching methods with the students' characteristics and learning styles. In the case of the bridging programme, all students are adult learners. Students learn at different paces and in different ways which can be challenging for educators. No one model of instruction will be the best for all students in the classroom. One of the biggest challenges for an educator is to develop different strategies to bring about effective learning in all students. It is observed by the researcher that the lecture method is still the most popular and widely used method in nursing education. Students still prefer the traditional teacher directed teaching methods and are sometimes less interested in innovative, alternative methods like problem-based learning and computer aided instruction.

Skiba and Barton (2006:1), discuss the changing workforce needs and the Net generation, which are people born from 1982-1991. The student population crosses all generations, with the Net generation being distinctly different in their characteristics and learning expectations. They are fascinated with new technology, need group activities and place emphasis on extracurricular activities. This generation challenges the traditional classroom teaching structure, which the authors assert is no longer effective with these students. In order to accommodate this generation nursing education has to devise learning strategies that align with

their learning styles and expectations . Our current bridging programme students largely fall under the Net generation profile (ages between 19 and 30 – see chapter 4) , and the present teaching and learning strategies used to teach management skills must be reviewed for their appropriateness and relevance to the learning styles of the students.

## **2.5.2 Aspects of management in the clinical environment**

### ***2.5.2.1 The clinical learning environment***

Chan (2002: 69), states that placing students in the clinical field is an essential part of their training and the curriculum, as it provides them with opportunities to develop competencies in nursing practice. Clinical practice is when the students apply knowledge and skills required for practice in a working situation. During placement in the clinical environment students are expected to develop competencies and learn to apply knowledge, skills, attitudes and values critical to the nursing profession.

Quinn (2001:418), asserts that qualified staff must act as mentors, supervisors, assessors and facilitators of learning. Students must feel free to ask questions without fear of punishment. Students must be encouraged to use every learning opportunity that presents itself such as observation of new procedures, going on medical rounds, case presentations. Students must also interact with other members of the multidisciplinary team in order to understand their functions and impact on patient care.

Quinn (2001:418), is of the opinion that an effective environment will give confidence to the students to take responsibility for their own learning and to actively seek opportunities for this. It is in the clinical learning environment that students can be developed to become creative and derive innovative solutions to problems, think critically, and must be guided to apply theory and practice in different situations and ways.

### **2.5.3. Challenges faced by new graduates in the clinical environment**

The question is raised as to what challenges are present in the clinical and classroom environment that can lead to graduates not being able to gain management competencies? Factors relating to the theory-practice gap and the fulfilling of senior roles are challenges that graduates face in the clinical environment (Mooney 2007:840).

#### ***2.5.3 .1 Theory–practice gap among new graduates***

Baxter et al (2007:104), defines the theory–practice gap as the lack of congruence between the theory that is taught in the classroom and the practice that students see and engage in once they enter the clinical setting. Baxter et al (2007:104), citing Corlett (2000), and Jinks (1994), suggests that the gap exists due to the discrepancy between the theory that students are taught in the classroom and what they experience in the clinical area. Britt (2009:1), asserts that new graduate nurses enter practice with basic critical thinking skills and have minimal experience applying learned concepts into clinical practice.

According to Del Bueno (2005), as cited in Britt (2009:1), only 35% of newly registered nurse graduates, are able to meet the expectations of their role, while the majority have difficulty consolidating knowledge and practice.

Bendall (2006:14), reports that a common complaint by students is that what is taught in the school is not practiced in the ward and vice versa. Literature reviews (Beecroft et al: 2004; Bendall: 2006), indicate that the examination criteria for allowing a student to become a registered nurse is based on information such as physiology, pathology and drug actions rather than on actual descriptions of the nursing care and actions required in specific circumstances. Bendall's study (2006), revealed that syllabuses of training, teaching programmes and examination questions are based on a theory that nursing is practiced as patient centred, while observations showed that nursing practice is more as job centred than anything close to the total care of individual patients. Bendall (2006:16), argues that the gap between theory and practice will widen further if the above situation is allowed to continue. This would be to the disadvantage of patient care and nurse training.

Burns and Poster (2008:67), assert it is an established fact in nursing that a gap between a newly registered nurse graduate's education for practice and the actual practice requirements of new registered nurses exists. The gap reflects the lack of connection between the knowledge and skills nursing students learn in the classroom and laboratory and those needed to function safely and independently in the practice setting. In Burns and Poster's study (2008), a two (2) day programme was held to update educators in both academia and health care settings on strategies to enhance the entry-level competencies and transition into clinical practice of new graduates. The programme presented by Dr. Dorothy del Bueno, focused on competency development, strategies to promote active learning, including simulations, preceptor–student clinical teams in clinical nursing courses, clinical coaching with nurses and the transition experience of the new graduate nurse.

The programme, attended by 170 nurse educators and clinicians, was rated as highly successful. Following this, a three-pronged intervention was developed between the university and clinical setting to improve the competency of nursing students before graduation. The intervention included development of learning modules based on the top 10 high-risk, high-volume patient conditions, faculty and staff educator development in learning strategies to enhance competency development and sharing of products with the eighty four (84) schools of nursing in Texas. Through this project, the health care and education organizations benefited by providing better knowledge and skills for new and practicing nurses. Nurses were given the right tools which reduced their frustrations when new to practice and directly improved the care they delivered

Educators, employers and other stakeholders have reported concerns that new graduates are not prepared to enter the workplace and have attributed this to the theory practice gap. This led to the researchers, Romyn et al, to conduct a study in Alberta in 2009 to assess the readiness of the new nurse graduates for practice. Romyn et al (2009:3), argues literature does not clearly specify what 'practice readiness' and 'gap' means. The participants of the study included 14 registered nurses, licensed practical nurses, registered psychiatric nurses, who had less than 2

years experience, 133 nurse managers, experienced staff nurses and educators. The qualitative study was conducted by means of discussion groups.

Findings of the study, from the discussions, revealed all nurses including clinicians, educators and nurse managers must be included in solving problems relating to the difficulties experienced by new graduates. It is unrealistic to expect the new graduate to be fully prepared to assume responsibilities and be competent practitioners so soon after graduation. In order to assist the transition, students must be given the choice to select where they will be placed in the final practicum to gain the experience they need after graduation. There needs to be a balance between theory and practice.

The study conducted in North West Province by Moeti et al (2004:72), revealed that there is a discrepancy between what the newly registered nurses learn in the classroom and what they observe in the clinical area. Moeti et al (2004:82), substantiates this by stating that what took place in the ward situation differed from what students learned in the class and demonstration room. Students often find themselves confused and experience difficulties as they are ridiculed by the senior nurses for applying what was learnt in the classroom to the clinical situation.

Mackenzie (2009:395), citing Morgan (2006), states nurse education requires the combination of both theory and practice. Both psychomotor and cognitive skills are necessary for theory–practice integration. Mackenzie (2009:39), further citing Hennman and Cunningham (2005), reports that there is still a considerable gap between the theoretical aspects taught in the classroom and the compound realities of clinical practice. Patient safety, shortage of staff, budget constraints, limited resources and equipment has made it very difficult for students to learn hands-on skills and gain experiences in the clinical environment.

Ousey and Gallagher (2007:199), view the theory-practice gap as a result of factors either in the educational or the clinical setting in which students learn. According to Ousey and Gallagher (2007:200), "theory is associated with formal education, practice with everyday work of nurses in contact with patients, and the gap between theory and practice is the difference or variance between the two". The concluding

remarks of this paper from author Peter Gallagher, which included the attempts to close the gap between theory and practice, had thus far been partially successful. In contrast, author Karen Ousey argues that the gap should never be fully bridged in order to ensure continued review of the best practices for our patients(Ousey & Gallagher 2007:204).

Beecroft, Kunzman, Taylor, Devenis and Guzek (2004:338), explain that new graduate nurses are inadequately prepared to begin working in the clinical setting as the current nursing curricula are based on what curriculum developers see as important and relevant as opposed to the needs of the students. Beecroft et al (2004), state in their article, a curriculum was developed in 1998 at the Children's Hospital in Los Angeles. The aim was to create a curriculum that prepared new graduates for pediatric nursing practice. The curriculum was based on what registered nurses actually do as opposed to what was previously stipulated by the programme developers. The intervention was successful in that the new nurses transitioned smoothly into pediatric practice. Nurse educators must be encouraged to review the current curricula to evaluate if they are providing the right information at the right time.

Greenberger, Reches and Riba (2005:133), conducted a similar type of study on new graduates of professional nursing programmes in Israel regarding their perceptions of technical competence. The findings revealed that the newly qualified registered nurses perceived themselves inadequately competent in technical skills due to the insufficient clinical practice of these skills while at nursing school.

### ***2.5.3.2 Fulfilling senior roles***

Mooney (2007:840), states that an Irish survey carried out by the Dublin Academic Teaching Hospitals (2000), revealed problems relating to staff shortages, low morale, stress and staff changeover, placed increased demands on junior nurses, as they are expected to take on senior roles and take responsibility for decision-making soon after qualification. Newly qualified nurses are not given the opportunity to develop their skills and confidence. Mooney (2007:845), citing Kramer (1974) and



Jasper (1996), assert the new graduates find difficulty during transition to the role of registered nurse as the role they have to assume on graduation is different from what they were taught during their training. Nurse shortages contribute to increased pressure on newly qualified registered nurses.

Mooney (2007:845), citing Rosser and King (2003), reminds readers that the transition of new nurses impacts upon all staff. If staff shortages are a problem then ward managers may be forced, without alternative, to place newly qualified nurses in senior positions in order to meet service needs. This had implications for the study, mainly where newly qualified nurses felt obliged to fulfill the role of senior nurse. Mooney (2007:845), citing Bates (2005), Casey et al (2004), The Dublin Academic Teaching Hospitals (2000) and Wheeler et al (2000), acknowledges the shortage of registered nurses means that newly qualified nurses are expected to take on increased responsibility “prematurely”.

Bowles and Candela’s (2005), study in the United States showed that 30% of new nurses left their initial positions within one year and 57% left after two years. The majority of the respondents cited poor working environments that were not conducive to safe patient care, as well as lack of support and guidance, increased responsibilities and problems with hospital management.

Dyess and Sherman (2009:404), conducted a qualitative study in the United States in a community-based novice nurse transition program. The study examined the new graduate’s transition and learning needs as perceived by new graduate nurses, the nursing leaders and preceptors who work with them. Participants were graduates with either an associate’s degree or a baccalaureate degree from various educational programs and all had less than twelve (12) months of practice experience. Findings of the study reveal that newly qualified nurses lack the skills to provide safe patient care and cost cutting efforts. Frequent movement of students between departments, and disorganised practice environments influence the transition and learning needs of new graduates.

Recommendations by Dyess and Sherman (2009:409), include continuing initiatives by education to better prepare and ease the transition of new graduates during the

first year of practice. According to Burns and Poster( 2008), Del Bueno (2005), Li and Kenward( 2006) and Spector and Li( 2007), as cited in Dyess and Sherman (2009:404), new graduates enter into clinical settings where they assume professional responsibilities that they are not capable of performing.

Dyess and Sherman (2009:405), state that new graduate nurses found it difficult to delegate and supervise junior staff. Some staff refused to cooperate with them and would not obey any instructions from them. The new graduates preferred to do tasks themselves as opposed to delegating them to other staff. New graduates stated they did not confront the staff as they did not feel they had the skills to deal with conflict.

Gerrish conducted a study in 2000, as a follow up to a study conducted earlier in 1985, which examined the newly qualified nurse's perception of the transition from student to qualified nurse. The previous study (1985), highlighted the limitations of pre-registration courses in respect of failing to equip students with the necessary knowledge and skills for the qualified nurse's role, as well as lack of support during the initial period post qualification. Major reforms in the pre- registration courses were implemented. Project 2000, introduced in the early 1990s, led to the transfer of nurse education into the higher education sector. Students were no longer employees of the National Health Services. They were supernumerary to the workforce in the clinical areas and were free to pursue learning opportunities. Clinical and managerial skills still remained a weak point of these graduates. The nurses initially experienced a lack of confidence in their new role, but reported competence and proficiency within six to nine months of qualifying.

The study conducted by Gerrish (2000), aimed at examining newly qualified nurses' perceptions of the transition from student to qualified nurse and to compare these perceptions with those of nurses who qualified in 1985. The follow up study was undertaken in a different location in England, using the same interview guide used in 1985. Interviews were done with twenty five (25) nurses who had qualified in the Project 2000 adult branch of nursing in 1998 ,and had been working as staff nurses for between four and ten months. The nurses who qualified in 1998 found the transition process less stressful and had better support than the nurses in 1985. The nurses who qualified in 1985 took charge of the ward sometimes as little as four days after qualifying. The 1998 graduates experienced a short period of

supernumerary status and then assumed responsibility for a group of patients rather than of a whole ward.

The study however shows that both groups lacked management skills and experienced difficulty with decision- making.

## **2.6. LEARNING OPPORTUNITIES TO DEVELOP MANAGEMENT SKILLS IN THE CLINICAL ENVIRONMENT**

The most useful learning strategy for learning management skills is being in the clinical setting and having different experiences with management tasks. It is in the clinical setting that the correlation of classroom learning with actual practice occurs (Mellish et al 2003:206). In the clinical setting, students are able to practice management skills and interact with various team members.

Sullivan and Decker (2009:3), state training in management skills is needed both in the theory and in the clinical setting. The new graduate must be able to transfer and apply the management skills and knowledge to the clinical area. The authors assert that management training for nurses at all levels is crucial for any organisation to be well organized and effective in today's environment. The staff nurse, although not formally a manager, supervises licensed practical nurses, other professionals and assistive personnel, and is a manager who needs management and leadership skills. Staff nurses are also involved in managing a unit.

Mabuda (2008), investigated the clinical experiences of the integrated diploma fourth year student nurses during their placement in the clinical learning environment in the Limpopo Province of South Africa.

The study points out that correlation of theory and practice and the building of meaningful experience, must take place in the fields of clinical practice, which are the health services. Mabuda (2008:1), citing Reilly and Oermann (1992:133), states that students gain knowledge, skills and values, that are necessary for the nursing profession, through experience in the clinical setting. It is in the clinical area that students are given the opportunity to develop decision making skills, accountability and autonomy and discovering how to learn. This statement is highly appropriate for

the current study, as the students would be required to assume independence and take charge of their teams and the ward soon after graduating.

Heller et al's (2004), study explored the project designed by the Centre for Health Workforce Development in collaboration with School of Nursing faculty at the University of Maryland, in the United States of America. A leadership course was designed to assist students in the RN to BSN and RN to MSN programs to develop leadership and management skills. The findings of the study revealed that students applied the course principles in their workplace and recommendations were to make the course a required part of the undergraduate curriculum.

### **2.6 1. Supernumerary status**

Supernumerary is defined as in excess of the normal number or extra (The Pocket Oxford Dictionary 1996:915). Armstrong, Geyer, Mngomezulu, Potgieter and Subedar (2008:67), is of the opinion that paying students a salary while they are in training makes them employees. This results in the needs of the nursing unit taking priority over the students' training and learning needs. Students' educational needs are compromised resulting in the students not achieving their objectives, as well as a decrease in the quality of nursing care provided. The authors advocate the need for bursaries to be provided for students to fund their training. According to Armstrong et al (2008:67), students should be supernumerary and not included as part of the staff complements in the health care units. The health care units must employ their own staff to provide nursing care and not rely on the students to fill the gaps. Some provinces provided bursaries for students, but experienced problems where students did not want to work shifts. This deprived them of valuable experiences and exposure to working as part of a team, and dealing with the challenges that disrupt normal ward routine, which usually happens in the afternoons.

Baillie (1999:225), views management as a vital part of the staff nurse's role and preparation an important concern for nurse educators. The study conducted in the United Kingdom investigated students', newly qualified staff nurses' and ward managers' views about management skills and knowledge required by staff nurses, and how students can be prepared for their management role. Focus group

interviews were held with the students and newly qualified staff nurses. Ward managers completed a questionnaire.

Findings of the study revealed that ward managers perceived the new graduates as lacking management skills. Students gave valuable suggestions for classroom-based and practice-based activities. They wanted more practice-based scenarios instead of theoretical-based sessions. They felt that being rostered during the latter part of their course resulted in them not having sufficient opportunities to work with the staff nurses. They were not able to gain adequate insight into their roles. They suggested being placed on a supernumerary status during the last part of their clinical placement, so that they could shadow a staff nurse and see how the whole ward was organised during a shift. Students also verbalised that, due to the pressure of the ward environment, they were used as part of the workforce and their learning needs took second place. The staff nurses experienced difficulty with delegation. They were uncomfortable delegating duties to experienced health care assistants, as they were still new to the team. Prioritising was also an issue, as they were not able to decide on what tasks should be put aside and what must be done first. Their suggestion was for a list of management skills to take to the placement area to practice as well as accompanying and observing experienced staff nurses in their management functions. The staff nurses suggested that classroom based preparation should be relevant and practical and students must be involved in active participation. They also felt that role play and critical incidents would have been more useful teaching strategies, as well as practice in decision making and prioritising.

Gaining ideas from the students and staff nurses, the authors extended final clinical placement from eight to ten weeks, giving students two extra weeks to learn management, during which time they were supernumerary. The results were very positive, where twenty two out of thirty students, (73%), found the supernumerary two weeks very worthwhile. Twenty (67%) had been allowed supernumerary status all the time and eight (27%) some of the time. During the supernumerary two weeks the students had the opportunity to gain a wide range of experiences related to management.

### 2.6.2 Experiential learning

Mellish et al (2003:98), state 'experiential learning is increasingly accepted as being essential to professional development and work-based learning'. The student achieves this type of learning by performing a task or being involved in the experience. Experiential learning allows the student to reflect on the experience and make the necessary adjustments for future learning. Experiential learning gives the student the opportunity to apply theory to practice and see the relevance of the learning content to practice.

Quinn (2001:62), indicates in the last twenty years, experiential learning has become firmly established in the nursing curricula. Experiential learning involves the student being active and participating in the learning experience. The student learns by actively performing and doing tasks, rather than by listening or reading about a particular subject. Nursing by its nature is practical and learning is very much by understanding how certain tasks are done.

Anderson and Kiger (2008:443), conducted a study between August 2005 and February 2006 in the United Kingdom. Ten students from the Robert Gordon University, who had community placements in both city and rural areas and who had undertaken independent visits, volunteered for the study. The study used a qualitative approach to discover the experiences of student nurses working on their own in the community and what these experiences meant for them. The study offered important insights into the meaning that these students attached to the experience of independent working. The students verbalised that their confidence was built by being able to independently perform clinical skills, and being trusted by their mentors, while working without direct supervision in the final stages of their programme. Students verbalised that working independently gave them an opportunity to apply theory to practice and use their initiative and work through situations themselves.

Students taking on senior roles may find that, while their confidence is increased and learning enhanced, they develop the critical skills needed to manage patient care and the wards.

Anderson and Kiger (2008:448), state though students in the current study had demonstrated that they were able to work independently without supervision, student

nurses need to be supervised and the accountability for the care provided must remain with the supervisor.

The above study suggests that student nurses in their final stages of training must be given opportunities to practice in situations as "real an experience as possible of being in the shoes of the qualified nurse prior to their formal transition into the nursing profession" (Anderson & Kiger 2003:448).

De Swardt (2004:1), states that integration of theory and practice seems to be a regular topic of concern. Theory equips a nursing student for practice. De Swardt (2004:20), quoting Elkan and Robinson (1993:296), and Ferguson and Jinks (1994: 693), states that theory–practice integration can be achieved by educators and clinical personnel uniting to plan the learning experiences and clarifying each other's roles.

Newton and McKenna (2009), conducted a study in Australia on the first year as a new graduate nurse. The study indicated new nurses felt unprepared for their roles as practicing nurses despite preparation in the undergraduate programmes. The qualitative study followed graduate nurses during the initial sixteen to eighteen months of being registered nurses, to examine how they developed their knowledge and skills, explore what factors supported or hindered graduates' development, as well as their ability to reflect on experiences over this period. The suggestion following the study was that current educational models must allow for the individual learning styles of students, learning from experience and promote theoretical and practical advancement.

### The teachable moment

Lewis (2012:1) defines the teachable moment as an unplanned opportunity that arises in the classroom where a teacher has an ideal chance to offer insight to his or her students. In this setting, the teacher and student are more exposed to each other and different skills are required. The teacher uses the opportunity as it arises to teach. Teaching takes place on the spot this can occur anywhere in the ward or at the patient's bedside. The student is able to request demonstration of specific procedures or ask questions about particular aspects of care when the teacher is

present. The teacher is also able to identify features and concepts that the student finds difficulty with and provide guidance. This method is unplanned (Mellish 2003:140).

Bastable (2008:150), asks the question when is the best time to teach the learner? She responds by stating when the learner is ready. Bastable (2008:130), cites Havighurst's (1976), definition of the teachable moment as that point in time when the learner is most receptive to a teaching situation. It is at the opportune time to teach students management skills as the moment arises. Conflict management, attending to patient complaints and problem solving can be taught during the teachable moment.

#### Problem solving in the unit

Nurses are required to solve problems everyday. Though most problems are solved on an informal basis, the problem solving technique used is as basic as recognising the problem, collecting and analysing facts, deciding and implementing a course of action and evaluating the action. The formal process of problem solving follows the same technique (Mellish 2003:165). Problem solving is a critical aspect of the management curriculum and training. The formal problem solving teaching technique is an invaluable part of the preparation of the student for her role as a registered nurse.

Seren and Ustun (2008:393), conducted a study in Turkey, comparing the conflict resolution skills of nursing students using the problem –based curricula and those using the lecture method. The findings concluded that students using the problem solving approach had higher conflict resolution skills than the students using the lecture method .The authors assert that nurses will frequently encounter conflicts in their practice settings ,therefore the skills necessary to effectively resolve them need to be acquired during their time of formal education .



## 2.7 SOCIALISATION OF THE NEW GRADUATE IN THE WORKPLACE

In South Africa, the bridging programme-nursing students are registered by the SANC on completion of training. The SANC ensures that the student has complied with the prescribed requirements of the programme before issuing the certificate of registration (Regulation R.683, 1989, Paragraph 2(c)). The process of registration takes a minimum of four to six weeks from the date of submission of completion of training documents. In some hospitals, the new graduates are placed in units while awaiting registration. Once registration is received, the new graduate is employed based on the availability of vacancies. Unlike other professions where graduates must complete a period of internship, nursing bridging programme graduates are employed as registered nurses and are expected to fully function in this capacity.

The socialisation process for registered nurses is different from the other categories of staff. Phillips, Palmer, Zimmerman and Mayfield (2002:282), define professional socialisation as an ongoing process by which nurses acquire the skills, expectations, values and beliefs of the profession. Each time a nurse's role changes, he/she undergoes a new period of socialisation to that role.

Socialisation is an important process in the context of this research as bridging programme graduates are entering the clinical setting as registered nurses. Previously as enrolled nurses, they functioned under the supervision of registered nurses. Their roles have now changed to that of a supervisor and maintaining of accountability for actions and staff working under them. They have to adopt professional behaviours and values suitable to their roles.

Socialisation for bridging programme graduates may not be as difficult as that of newly qualified registered nurses who completed the four year comprehensive programme. Bridging programme graduates have had exposure to the roles and functions of the registered nurse and some may have functioned in this capacity in the absence of the registered nurse.

Petterson (2006), conducted a phenomenological study in a Midwestern university to understand the transition experiences of new baccalaureate prepared graduates

entering nursing practice as registered nurses. Six graduates who were employed as RNs from eight to twelve months, in acute care nursing facilities, were interviewed. The findings were the graduates' lack of experience led them to self-doubt in spite of their previous experience. They were not ready for their role as registered nurses and feared making mistakes. Interestingly, the new graduates revealed that they were carrying full patient loads after six weeks, left on their own, other staff were too busy to help them and they lacked knowledge of the overall functioning of the department.

Petterson (2006:1), asserts presently new graduates enter the workplace with knowledge and skills prepared for entry-level positions and not the complex functions they assume in the unit as described above. Graduates are required to have critical thinking abilities and able to integrate and apply knowledge learned. Socialisation for the graduate role must begin in the early stages of the training programme and then continue in the work setting. It is important to have a better understanding of the experiences of today's new graduates during their transition time from student to registered nurse.

### **2.7.1 Support systems during socialisation**

For today's graduate nurses insufficient socialisation, the nursing shortage, increased pressures in the work environment and the lack of orientation, makes the shift from nursing student to professional nurse extremely challenging. The challenge facing health care organizations is to provide solutions that may assist the learners to achieve the competencies required to fulfill their professional roles as soon as possible.

O'Shea and Kelly (2007:1547), proposed the following recommendations to support new graduate nurses:

- An induction programme, which focuses on issues such as managerial skills, clinical skill development and other aspects of the staff nurses role, should be made available for all newly qualified staff.

- Preceptorship/mentorship or some other structured form of clinical support should be available for newly qualified staff nurses.
- All wards should introduce a three month orientation programme for newly qualified nurses.
- Newly qualified staff nurses should not be allocated student nurses for supervision/teaching in the first three months post qualification.

O'Shea and Kelly (2007), suggested that there is a need for further research into the perceptions and the experiences of newly qualified staff focusing on one of the themes identified in their study.

### **2.7.1.1 Internships**

Brule (2008:2), reports in a study conducted in Michigan that some hospitals had reduced the number of inpatient beds, postponed and cancelled elective surgeries because of the nursing shortage. Grochow (2008), as cited in Brule (2008:22), states that unrealistic expectations are placed on new nursing graduates and recommends that ways to prepare the new graduate for the current situation must be found. Other professions have periods of internships for their graduates. The study reports that nursing does not have a period of internship which leads to new nurses lacking confidence in their work performance and practice.

According to Walsh (2009:15), intern training programmes assist new graduate nurses to become competent in providing care. She conducted a study in New Jersey in 2009, where new graduate nurses participated in a hospital internship programme that ran for sixteen weeks. The participants of the programme described the period of internship as a positive experience as they felt confident, a sense of belonging and socialised into the role of the registered nurse.

Pallidino (2009:142), conducted a study on new graduates' perceptions of their received support in their first year work transition. A theme that emerged, though not an official part of the study, was three out of eight new graduate nurses reported they received support from an internship as a student for the transition to a graduate

nurse. The new graduate nurses found their summer internship was helpful and provided the support they needed in their role as new graduate nurses. The internship period gave them more insight and experience than they had received during their training period.

Respondents from the study conducted by Romyn et al (2009), felt there was too much time spent on theory as opposed to gaining hands-on experience in the clinical setting. Another concern raised by experienced staff was that the lack of time and shortage of staff contributed to not being able to take new graduates under their wing and teach them the essentials of their practice. Mentors were needed to socialise the new graduates into their duties and roles. Mentorship can be provided by clinical educators. The recommendations following this study included developing a partnership and a strategy to foster successful transition of the graduates into the workplace. An internship program was also suggested (Romyn et al 2009:11).

#### **2.7.1.2 Orientation**

Orientation provides new graduates with the necessary tools with which to function in the clinical environment. Ellerton and Gregor (2003:104), conducted a study among graduates in a Nova Scotia hospital. The graduates were asked to describe the activities they performed and their readiness to perform the work they were doing. The conclusion of the study was that at three (3) months new graduates are apprehensive about their work. Most described their work in terms of procedural aspects and lacked the capacity for interaction with patients and families. Graduate orientation programmes were cut because of financial constraints and the nursing shortage.

Scott, Keehner- Engelke and Swanson's (2008:75), study conducted at Greenville, in the United States, investigated the influence of personal factors, orientation, continuing education and staffing shortage on a sample of new graduate nurses from varied facilities and geographic locations. The findings indicate that orientation programmes are essential to the retention and satisfaction of new graduate nurses. Scott et al (2008: 80), assert nurse leaders appoint new graduates to work in understaffed units instead of placing skilled nurses in these units to stabilise and

balance the work situation. Health care organizations and nurse leaders need to reduce the work anxiety experienced by new graduate nurses by placing them in units with adequate staffing and expert nurse mentors. This would assist in the new graduate gaining the experience required without any stress.

Hansen (2008:3), states health care organisations must provide orientation programmes for new nurses so that they can be socialised for their professional roles. Hansen (2008:18), citing Connelly (1998), and Clare and van Loon (2003), states orientation programmes for new graduates must be structured ones, that provide clear defined timelines, outcomes, competencies and objectives to be achieved. Regular meetings regarding progress, deficits, opportunities to correct deficits and feedback will contribute to the success of the orientation programme.

Carlson et al (2005:66), attributes the lack of students' management and leadership to various factors such as students experienced themselves as workforce as they performed basic duties in the ward and continuously ran errands. Students are not asked to manage bigger responsibilities because senior staff preferred to continue with the work. Students also verbalized a lack of professional role models to socialise them into the profession of nursing. Recommendations are, that in order to assist in the adaptation from student to registered nurse, the student needs to be given the opportunity to practice this role under the supervision of an experienced registered nurse.

### **2.7.1.3 Mentoring**

A mentor is an experienced member of the clinical staff who formally provides educational and personal support to a student throughout placement in the clinical situation. The support may include teaching, supervision, guidance, counseling, assessment and evaluations (Quinn & Hughes 2007:356).

According to Benner (1984), it is the role of experienced nurses to facilitate the transition from novice to competent practitioner in the clinical environment (Quinn and Hughes 2007:379).

The new graduate is already faced with stress and the challenges of the new clinical environment. Failure to support and mentor the new graduates may delay development as well as the integration of knowledge and skills of the new graduate. Newly graduated registered nurses may practice best where they are encouraged and mentored by experienced nurses and given the necessary support with feedback.

In Brule's study (2008:131), respondents blamed the absence of a mentor for their low levels of competence. Mentors help and support the student to perform their professional functions correctly, gain confidence in the clinical environment and reinforce knowledge. Mentors assist students to correct behaviors in order to meet best practices and deliver high quality care.

#### **2.7.1.4 Supervision**

Quinn and Hughes (2007:359), citing the United Kingdom's Department of Health (1993), defines clinical supervision as "a formal process of professional support and learning which enables the individual practitioner to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations."

As the present shortage of nurses in the United States requires a nurse to be prepared for assuming responsibilities earlier, students must be supervised by registered nurses with management experience and sufficient learning opportunities must be provided to adapt to the management role and function after graduation (Wright 2002:139).

Theoretical knowledge that is learned in the classroom is applied in the practice area under the supervision of experienced nurses. This leads to development of competencies as well as provision of quality care.

According to Du Plessis (2004:68), clinical supervision is not provided in the clinical setting due to the lack of time and expense and is regarded as a luxury as opposed to a necessity. Clinical supervision is often left to the nurse educators and preceptors. Nursing students experience anxiety and uncertainty in the clinical area,

as they often do not get the support of the staff as well as the necessary supervision to attain required competencies. Clinical supervision takes place in a supportive environment where experienced nurses lend support to others.

## **2.8 CONCLUSION**

The bridging course was discussed with particular relevance to the management aspects and competencies that are required of graduates. The approaches to teaching and learning give an indication of the various methods used to teach nursing in South Africa. In the health care facilities (clinical setting), nursing students acquire knowledge, competence, skills, and values by interacting with patients, nurses and doctors.

It is in the clinical environment that students are given the opportunity to apply nursing theory to practice. The literature review identified conditions in the clinical and theoretical environment that could influence graduate competencies. The management functions of the registered nurse were discussed in order to gain a better understanding of their practice requirements and functions. New graduates' roles are changing as they are expected to take on management roles earlier than before. The challenges experienced by new graduates in the workplace were identified in order to gain a deeper understanding of what the bridging programme graduates may experience.

As the demand for competency in management upon graduation increases, the responsibility is on the educators to devise teaching and learning strategies that would facilitate the easy transition of graduates into their expected roles. Nurse educators, ward managers, mentors and other staff in the health care units must note that bridging programme graduates are novices or advanced beginners in management practices. They need support especially during their first year of practising as professional nurses.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

In this chapter the research approach and setting, design and methodology are discussed. A description of the population, sample, research instrument, pre-test, data collection and analysis, procedures and ethical considerations is provided. The quality of the study was ensured through strategies, which maintained reliability and validity. The chosen research design enabled the researcher to achieve the purpose and the objectives of the study. The purpose of the study was to ascertain whether bridging programme graduates perceived themselves as adequately prepared to manage a nursing unit.

#### **3.2 OBJECTIVES OF THE STUDY**

The research objectives were to:

- Describe how newly qualified bridging programme graduates view their preparedness for their roles in managing a nursing unit on completion of the bridging programme.
- Determine whether new bridging programme graduates experience any challenges in managing a nursing unit.

#### **3.3 RESEARCH APPROACH AND DESIGN**

Research design is a blueprint for conducting a study that maximises control over factors that could interfere with the study's desired outcome (Burns & Grove 2003:195). According to Polit and Beck (2008:66), the research design is the architectural backbone of the study. The research design is the overall plan for obtaining answers to questions being studied. A quantitative, non-experimental, descriptive survey was undertaken to generate information on the perceptions of newly qualified registered nurses on their preparedness to manage a unit on



completion of the bridging programme. The concepts relevant to quantitative research methodology are defined:

### Quantitative

Burns and Grove (2009:716), define quantitative research as a formal, objective, systematic study process, to describe and test relationships and to examine cause-and- effect interactions among variables. Polit and Beck (2008:763), state that quantitative research is the investigation of phenomena that lends itself to precise measurement and quantification, often involving a rigorous and controlled design. The information collected was in a quantified form. This study was quantitative as the data was collected in numerical form by the use of questionnaires.

The quantitative paradigm is based on positivism (Sale, Lohfeld & Brazil 2002:44). Quantitative designs align with the positivist paradigm. The assumption behind this paradigm is that there is a “single reality” that can be measured and explained scientifically. The main concern of the quantitative paradigm is that measurement is reliable, valid and generalisable to the larger target population. In this type of design, the researcher and the research participants can remain independent and not influence one another. Research is also conducted objectively and value free (Quantitative versus qualitative research 2012:36).

### Non experimental

In non-experimental designs, there is no manipulation of the independent variable, nor is the setting controlled. According to Brink (2001:208), the study is carried out in natural settings and phenomena are observed as they occur.

### Descriptive

In descriptive designs, descriptions of the variables are provided in order to answer the research question (Brink 2001:109). The purpose of descriptive research is to observe, describe and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development (Burns & Grove 2009: 237). This study consisted of a literature study

followed by a structured questionnaire to newly qualified registered nurses who have completed the bridging programme, with the purpose of describing their perceptions of their competence in managing a nursing unit. Burns and Grove (2009:239), contend that some descriptive studies use questionnaires (surveys) to describe an identified area of concern. According to Brink (2001:109), survey studies are concerned with gathering information from a sample of the population by means of questionnaires, indirect observation and interviews. Simple surveys describe a phenomenon, where the researcher searches for accurate information about the characteristics of particular subjects or situations. The variables of interests are classified as opinions, attitudes, needs or facts. The researcher does not manipulate any variables or attempt to determine the relationship between variables. This study was a simple survey. The information was gathered from a sample of bridging programme graduates by means of structured questionnaires. The researcher did not manipulate any variables.

### **3.4. RESEARCH SITE**

The study was conducted in seven (7) private hospitals in KwaZulu Natal, South Africa, that employ newly qualified nurses who have completed the bridging programme. Written permission was requested and granted by the hospital managers of these hospitals. Permission to conduct research at the hospitals and the nursing school was obtained from the research committee of the private hospital group, (the private hospital group cannot be identified in order to maintain confidentiality). Permission to use the information from the nursing school was granted by the campus manager.

Location of the study

**TABLE 3.1 LOCATION OF STUDY IN KWAZULU-NATAL**

LOCATION	NAME
eThekwini - Durban	Hospital A
eThekwini - Durban	Hospital B
Umhlanga	Hospital C
Amanzimtoti	Hospital D
Pietermaritzburg	Hospital E
Margate	Hospital F
Ballito	Hospital G

### **3.5 THE POPULATION AND SAMPLING METHODS**

#### **3.5.1. Population**

According to Burns and Grove (2009:42), the population refers to all elements (individuals, objects, or substances) that meet certain criteria of inclusion in a study. The population is a particular type of individual or element which is the focus of the research. The target population is the entire set of individuals or elements that meet the sampling criteria. The population for this study included all newly qualified registered nurses who completed the bridging programme between July 2010 and March 2011 from seven (7) hospitals in KwaZulu- Natal.

The total population for this study was seventy nine (79). The hospitals were chosen because these categories of newly qualified registered nurses are employed there. All the nurses that participated in the study trained at the same nursing school which specifically trains nurses for this private hospital group.

#### **3.5.2. Sample**

According to Burns and Grove (2009:43), a sample is a subset of the population that is selected for a particular study, and the members of a sample are the participants. Sampling defines the process of selecting a group of people, events, behaviours or other elements with which to conduct a study.

## Sampling criteria

The sample population inclusion criteria were as follows:

Registered nurses who have completed the bridging programme between July 2010 and March 2011 at a private nursing school in KwaZuluNatal and are working at the seven (7) private hospitals located there. The graduates must have been working for less than a year after graduation as registered nurses at the seven hospitals.

Newly qualified registered nurses who were willing to share their perceptions and views by means of a structured questionnaire.

Newly qualified nurses who signed informed consent for study participation.

Exclusion criteria included:

Bridging programme graduates who were employed at the hospitals, but had trained at other nursing schools, were not eligible to participate in this study as permission to conduct the study had not been obtained from their training schools.

Bridging programme graduates who did not sign consent to participate in the study were not included.

## Sample size

The lists of all students who graduated from the bridging programme from July 2010 to March 2011 were obtained from the seven (7) hospitals and the nursing school.

The population size was seventy nine (79). Due to the small population size, the entire population of newly qualified registered nurses was included in the sample. No sampling was done, as questionnaires were sent to all newly qualified registered nurses who were not involved in the pre-testing of the questionnaire. Seventy nine (79) questionnaires were distributed to bridging programme graduates. Fifty eight (58) questionnaires were completed and returned to the researcher. The sample size was fifty eight (58).

### 3.6. DATA COLLECTION INSTRUMENT

The data collection instrument was a self-administered questionnaire, which was based on an extensive literature research with regard to the clinical competence requirements for newly qualified registered nurses who graduated from the bridging programme. De Vos, Strydom, Fouche and Delpont (2006:166), describe a questionnaire as a set of questions on a form which is completed by the respondent in respect of a research project. The questionnaire comprised of both open and closed ended questions and gave respondents the opportunity to elaborate and state reasons for their responses. This method was chosen because respondents were dispersed in a wide geographical area around KwaZuluNatal, and it would be easier to collect data using questionnaires. Questionnaires are also a quick way of obtaining data from a large number of people. Participants would also feel a greater sense of anonymity and would be more likely to provide honest answers. The format was standardised for all participants and questionnaires are easier to test for reliability and validity.

The questionnaire consisted of the following type of items:

#### Open-ended questions

According to LoBiondo –Wood and Haber (2006:325), open-ended items are used when the researcher wants the subjects to respond in their own words or when the researcher does not know all of the possible alternative responses. The analysis of open-ended questions is time consuming and difficult and it is also more subjective. Respondents were also asked to describe their transition into the role of the registered nurse with regard to their management competencies, (questions 19, 20, 21 and 22 of the questionnaire). The respondents were asked to make suggestions on how to improve management competencies in the bridging programme (question 47).

## Close-ended questions

According to Polit and Beck (2008:414), closed-ended questions offer respondents options, from which they must choose the one that most closely matches the appropriate answer. The alternatives may range from the simple yes or no variety to complex expressions of opinion and behaviour. Closed –ended questions are difficult to construct but easy to analyse.

The questionnaire comprised of five sections:

Section A focused on demographic data and included questions such as age, educational qualification, gender, years of experience and employment details. Sixteen (16) questions were asked. This information served as background information because they could have an influence on the views and opinions of the respondents regarding their management competencies.

Section B focused on the graduates' perceptions with regard to clinical competence and their preparedness for their role as a registered nurse. Seven (7) questions were asked in this section.

Section C focused on factors relating to management competencies and graduates were required to rate how well they were prepared to perform the management functions of planning, organising, directing and control on entry into practice as a registered nurse. Fifty four (54) competencies were provided.

Section D focused on the graduates' socialisation into the role of the registered nurse and this included aspects of theory practice integration, mentorship, supervision, orientation and internship. Twenty-two (22) questions were asked. Respondents were asked to provide comments for some questions.

Section E requested input and suggestions on improvement in preparing students in the bridging programme to effectively manage a unit.

The Likert scale determines the opinion or attitude of a subject and contains a number of declarative statements with a scale after each statement and is the most commonly used of all the scaling techniques (Burns & Grove 2009: 410). Response choices in a Likert scale most commonly address agreement, evaluation or frequency. Agreement options include phrases such as strongly agree, disagree and strongly disagree. Likert scale questions were used for bridging programme graduates to rate their preparedness to perform management functions on entry into practice as a registered nurse and their socialisation into the role of the registered nurse.

### Pre-testing the research instrument

Polit and Beck (2008: 762), describe pre-test as the trial administration of a newly developed instrument to identify flaws or assess time requirements. It was important to test the questionnaire on a few people to identify and address any ambiguities, questions which are not clearly understood and possible language difficulties so as to ascertain that all questions are understood and interpreted as the researcher meant them to be, and to eliminate any confusing aspects. In June 2011, the questionnaire was administered to five (5) bridging programme graduates who had trained at the nursing school in the specified period and were working at one of the private hospitals included in the study. These graduates did not form part of the research sample.

The following aspects of the questionnaire were identified and adjustments were made:

Section B: Item 23 respondents were asked the question on employment as a registered nurse, how soon were you left in charge of the team in the unit? The alternatives included the word graduation and not employment. Respondents interpreted graduation as the actual graduation ceremony. This caused some confusion among respondents and was subsequently changed to include the word employment instead of graduation. The questionnaire was examined by the statistician for feasibility for computer analysis. Some changes were made in the layout of the questionnaire following the pretesting, as items were regrouped.

### **3.7 RELIABILITY AND VALIDITY OF THE RESEARCH INSTRUMENT**

Brink (2001:172), asserts that reliability and validity is considered when selecting a research instrument. Reliability and validity are closely related, as an instrument that does not yield reliable results cannot be considered valid.

#### **3.7.1 Reliability**

Reliability is the degree to which the instrument can be depended upon to yield consistent results if used repeatedly over time on the same person, or if used by two different researchers (Brink 2001:171). According to LoBiondo - Wood and Haber (2006:345), the reliability of a research instrument is the extent to which the instrument yields the same results on repeated measures. The reliability of a measure denotes the consistency of measures obtained in the use of a particular instrument and indicates the extent of random error in the measurement method (Burns & Grove 2009: 376). According to Polit and Beck (2008:452), an instrument is reliable to the extent that its measures reflect true scores, that is, to the extent that measurement errors are absent from obtained scores. To ensure reliability the same questionnaire was used for collecting data from all respondents. The conditions under which the data was collected from all respondents were the same. Reliability was ensured by minimising sources of measurements such as data collector bias. Data collector bias was minimised by the researcher having briefed all the research assistants about the study, and what they had to explain to the respondents. A detailed informed consent was attached to each questionnaire containing the researcher's telephone number in case a respondent needed clarity on aspects concerning the study or questionnaire. The physical and psychological environment during data collection was made comfortable by allowing respondents to complete the questionnaire privately in their own time at a place they found convenient. The questionnaire was pretested prior to the actual study being conducted and was given to five (5) bridging programme graduates who had trained in the specified period at the nursing school under study. Pretesting the questionnaires assisted with the clarification of ambiguous questions and ensuring respondents understood all questions which added to the reliability of the questionnaire.



### **3.7.2 Validity**

LoBiondo- Wood and Haber (2006:338), states that validity refers to whether a measurement instrument accurately measures what it is supposed to measure. When an instrument is valid, it truly measures and reflects the concept it is supposed to measure. The four most common types of validity used to judge the accuracy of an instrument are content validity, face validity, criterion validity and construct validity (Brink 2001:169).

Content validity is used mainly in the development of questionnaires or interviews and is an assessment of how well the instrument represents all the different components of the variable to be measured. Face validity means that the instrument appears to measure what it is supposed to measure. To ensure content validity, questions were drawn from an extensive literature review on outcomes and content of management functions in the bridging programme, consultations with experienced registered nurses who completed the bridging programme, unit managers, the researcher's personal observation and nurse educators who teach the management section of the bridging curriculum. In order to establish further content and face validity of the instrument, the questionnaire was given to the study supervisor and experts, previous bridging programme graduates, unit managers, nurse educators who specialise in the field of nursing management and the statistician for review. Polit and Beck (2008:481), support the use of a panel of experts to establish the instrument's content validity.

## **3.8 DESIGN VALIDITY**

External validity is concerned with the extent, to which the study findings can be generalised beyond the sample in the study (Burns & Grove 2005:225). It is the ability to generalise findings from a specific setting and small group to a broad range of settings and people. The most serious threat to external validity is that the findings would be meaningful only for the group being studied. After data had been collected and interpreted by the researcher, the researcher determined the level of preparedness of the bridging programme graduates, and only then did the researcher know whether the results could be generalised to other settings or

samples other than the seven (7) selected hospitals and the nursing school that took part in the study.

### **3.9. DATA COLLECTION**

The data collection process involves the precise, systematic gathering of information relevant to the research purpose or the objectives, questions, or hypotheses of a study.

The data of a research study are the pieces of information obtained in the course of the investigations. Research data for quantitative studies is collected according to a structured plan that indicates what information is to be gathered and how to gather it (Polit & Beck 2008: 371).

#### **3.9.1. Data collection process**

The researcher requested assistance from the hospital managers with the distribution and collection of questionnaires. The hospital managers provided the researcher with names of a contact person in each hospital to assist with the data collection process. Before handing out the questionnaires, the researcher telephonically briefed the research assistants on the instrument so that they could explain questions to participants, if needed, as well as to ensure that questionnaires were completed correctly. A detailed letter outlining the data collection process, anonymity, assurance of confidentiality, information regarding informed consent and the time frame for returning the questionnaires, was also sent to the research assistants via e-mail. The researcher also made herself available telephonically, personally and via e-mail to clarify problems.

The questionnaires were distributed to the research assistants at a meeting at a specific venue. The researcher also went personally to some institutions to deliver questionnaires to the research assistants. E-mails were sent weekly and follow-up calls were made to enquire about the progress of the questionnaires and provide the opportunity for research assistants to ask questions.

Each participant was asked to complete the questionnaire, seal the envelope, and return it to the research assistant in each institution. The completed questionnaires were collected by a designated research assistant and handed to the researcher who also personally collected some questionnaires from the research assistants and respondents. The questionnaire took between twenty five (25) to forty five (45) minutes to complete.

**Table 3.2 Distribution of questionnaires**

NAME OF HOSPITAL	Number of students graduated from the bridging programme	Number of questionnaires distributed	Number of questionnaires received	% of completed questionnaires returned	Number of questionnaires not returned	% of questionnaires not returned
HOSPITAL A	18	5 Pilot study and 11	5 + 11	100%	0	0%
HOSPITAL B	29	20	15	75 %	5	25%
HOSPITAL C	20	17	13	76%	4	23,5%
HOSPITAL D	8	8	7	87.5%	1	12,5%
HOSPITAL E	15	15	10	67%	5	33%
HOSPITAL F	4	4	2	50%	2	50%
HOSPITAL G	4	4	0	0%	4	100%
<b>TOTAL</b>	<b>98</b>	<b>79</b>	<b>58</b>	<b>73%</b>	<b>21</b>	<b>27%</b>

A total of seventy nine (79) questionnaires were distributed to bridging programme graduates. The other nineteen (19) bridging programme graduates that were not included in the study were either on maternity leave, sick leave or annual leave and some had resigned from the hospitals under study. The researcher followed up with Hospital F as the questionnaires were not returned. There had been a misunderstanding and the questionnaires had been given to bridging students currently in training and not according to the protocol sent by the researcher. It was agreed that the questionnaires would be redistributed to bridging graduates .The researcher followed up with the research assistant several times with no response after the agreement to participate. The hospitals that had less than 60% response rate were called by the researcher to determine the reasons for the decreased return. The response was that the questionnaires were given out to bridging

graduates, but they had not received them back. The researcher did state that participation was voluntary.

The researcher noticed that during the study the respondents did not answer some of the questions. The reason could not be established. Respondents were informed that they had a right to refuse to answer any questions.

### **3.10. DATA ANALYSIS**

As this is a quantitative study, the data analysis was done using Statistical Package for the Social Sciences software. According to Brink (2001:179), statistical methods enable the researcher to reduce, summarise, organise, evaluate, manipulate, interpret and communicate quantitative data. Closed ended questions were counted and frequency tables and percentages compiled. Responses to open- ended questions were read and analysed to detect the emerging of patterns. Collected data was analysed by making use of descriptive statistics. Procedures that allow researchers to describe and summarise data are known as descriptive statistics (Lo-Biondo - Wood & Haber 2006:358).

#### **3.10.1 Descriptive statistics**

Numeric data was analysed using descriptive statistics. According to De Vos et al (2006:222), the simplest form of data analysis is univariate analysis, where all the data gathered on a variable is summarised for easy comprehension and utilisation. This summary can take the form of tabular or graphic displays, or visual representation of the data. Frequency distributions were used to summarise and display the data collected. Bar graphs, pie charts and frequency tables were used to illustrate the data. Grouped frequency distributions were used for items placed in class intervals such as the age of the respondents. Class frequencies were used to calculate by counting how many items fell into each category. Relative and cumulative frequency distributions involved calculating the data into percentages, in that, it indicates the proportion of the total number of cases that were observed for a particular value.

Some questions required descriptions or asked for comments, (questions 19, 20, 21, 22, 30, 34, 37, 41, 42, and 47 of the questionnaire). Comments were evaluated for common themes and patterns. The researcher then coded the responses by hand and compiled them into groups with similar themes. Inferential statistics (Chi square) was used to test for relationships between concepts e.g. age and levels of preparedness to manage a unit.

### **3.11. ETHICAL CONSIDERATIONS**

The study was first reviewed and approved by the Higher Degrees Committee of the Department of Health Studies at UNISA. Permission to conduct the study was requested and granted by the hospital managers of the seven (7) hospitals under study, the head of the nursing school and the research committee of the private hospital group (the name of the private hospital group is not mentioned in keeping with the rules of confidentiality), subject to review and approval of the proposal and questionnaire.

#### **Confidentiality**

Confidentiality, according to Brink (2001:41), refers to the researcher's responsibility to protect all data gathered within the scope of the project from being divulged or made available to any other person. The research data must never be shared with outsiders. The researcher and the people involved in the research are the only people who should have access to the data. The researcher can only make the details of the research data known if he/ she have explicit permission to do so. The information collected was kept confidential and the respondents' identities were not revealed when publishing the findings of the study. The completed questionnaires were returned to the researcher in sealed envelopes, marked strictly confidential and for the attention of the researcher only. All completed questionnaires were checked for consents, which were then separated from the questionnaire. The questionnaires were kept in a locked cupboard to which only the researcher had access. The response from the questionnaires was entered into the computer by the researcher and analysed by the statistician. The respondents were not required to enter their names on the questionnaires.

## Anonymity

Anonymity refers to the act of keeping individuals nameless in relation to their participation in the research (Brink 2001:41). Only the research team should have information about the participants. The researcher should not be able to link a person with the information for that person (Polit and Beck 2008: 180). Anonymity was ensured by requesting that participants do not use their names on the questionnaires when supplying responses.

## Informed consent

According to Burns and Grove (2009: 201), informed consent includes the following elements: (1) disclosure to the participant of essential study information, (2) understanding of this information by the participant, (3) voluntary consent if the participants want to participate in the study. Disclosure of essential study information requires that prospective participants are fully informed about the nature of the research, participant status, study purpose, type of data, nature of the commitment, sponsorship, participant selection, procedures, potential costs or risks, benefits, confidentiality pledge, voluntary consent, right to withdraw, alternatives and contact information. This would assist them in deciding whether to participate in the study or not.

Understanding of the information by the participant involves the researcher taking the time to teach and explain the study to the participants. The benefits and risks of the study must be discussed with examples to the participants. The researcher presented this information in writing and addressed participants requiring further information in person and telephonically. The research assistants explained the contents of the letter to each respondent and clarified any concerns regarding the data collection process.

The respondents were required to read, sign the informed consent and return it with their questionnaires. Written consent was requested from each participant. A letter outlining the purpose of the study, the guarantee of confidentiality and anonymity, voluntary participation and the right to withdraw from the study at any time, was sent to each participant (see Annexure E). Every participant signed consent and placed it

in a separate envelope. The consent letters were separated from the questionnaires on receipt. In this way, no participant could be linked to the completed questionnaires. The research assistants in the various hospitals also explained to the respondents that their participation was voluntary and they would not be penalised if they chose not to participate. All questionnaires were received with signed consents (See Annexure E).

### Voluntary participation

Voluntary participation means that the prospective participant has decided to take part in the study of his/her free will and without any influence or being forced to participate (Burns & Grove 2009:204). The researcher clearly indicated that participation was strictly voluntary and that failure to participate or withdraw from the study at any time will not result in any penalties.

### Autonomy

Brink (2001: 39) states individuals are autonomous, that is, they have the right to self-determination and this right should be respected. Individuals with diminished autonomy, (children, the mentally impaired, unconscious patients and institutionalised persons), require protection. According to Polit and Beck (2008:171) humans should be treated as autonomous agents, capable of controlling their own activities. The right to self –determination means that individuals have the right to decide voluntarily whether or not to participate in a study, without the risk of penalty or prejudicial treatment. People also have a right to withdraw from the study at any time, ask questions or refuse to give information. Participants had the objectives and purpose of the study explained to them as well as their right to withdraw from the study at any time.

### Beneficence

Beneficence is one of the most fundamental ethical principles in research and it involves an effort to secure the well-being of persons. It imposes a duty on researchers to minimize harm and maximise benefits to the participants themselves,

other individuals or society as a whole (Polit & Beck 2008:170). The respondents were informed that they would receive no payment or compensation for their participation in the study. Data generated from the study would contribute to the improvement of nursing programmes and the way in which registered nurses can be prepared for their management role.

#### Non- maleficence

Polit and Beck (2008:170), assert that it is the researcher's obligation to avoid, prevent or minimise discomfort and harm to participants. Discomfort and harm can be physical, emotional, spiritual, economical, social or legal. Participants were informed that their participation is voluntary and that they could withdraw at any time from the study. Participants were allowed to complete the questionnaires at their convenience, in their own time. During the completion of the questionnaires, the researcher and the research assistants were not present so there was no bias. The respondents were allowed to take the questionnaires home to complete them, so as not to interfere with work processes.

#### Privacy

Polit and Beck (2008: 174), state that virtually all research with humans involves intruding into personal lives. The researcher maintained privacy throughout the study and all information was kept in strictest confidence. According to Burns and Grove (2009:194), privacy is an individual's right to determine the time, extent and general circumstances under which personal information will be shared with or withheld from others.

#### Researcher integrity

Burns and Grove (2005: 445), report that researchers must be able to maintain objectivity during the data collection process. The researcher was not present when the questionnaires were completed and could therefore not influence the respondents during the answering of the questions. The participants were given the right to privacy. Each participant was allowed to complete the questionnaire in



his/her own time and return it within the specified time. The findings of the research are presented honestly and without distortion. The researcher acknowledges assistance and collaboration with others and reference to sources, from which information was gathered, have been provided throughout. The researcher has maintained confidentiality by not revealing the identity of participants in the study.

### **3.12. CONCLUSION**

This chapter described the research design and methodology followed in conducting the study. Chapter 4 presents the findings.

## **CHAPTER 4**

### **ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS**

#### **4.1 INTRODUCTION**

In this chapter the data analysis, interpretation and findings is presented. The purpose of the study was to describe the perceptions of bridging programme graduates on their preparedness to manage a nursing unit. The research objectives were to:

Describe how newly qualified bridging programme graduates view their preparedness for their roles in managing a nursing unit on completion of the bridging programme.

Determine whether new bridging programme graduates experience any challenges in managing a nursing unit.

The data was collected during July and August 2011, by means of a questionnaire. The population consisted of seventy nine (79), graduates who completed the bridging programme at a private nursing school in KwaZulu-Natal, and who were in their first year of employment as registered general nurses in seven (7) private hospitals in KwaZulu-Natal. No sampling was done due to the small numbers. A total of seventy nine (79) questionnaires were distributed, and fifty eight (58) of them were completed and returned while (21 did not respond). The sample size was therefore fifty eight (58). Figure 4.1 illustrates the distribution and response rate to the questionnaires.

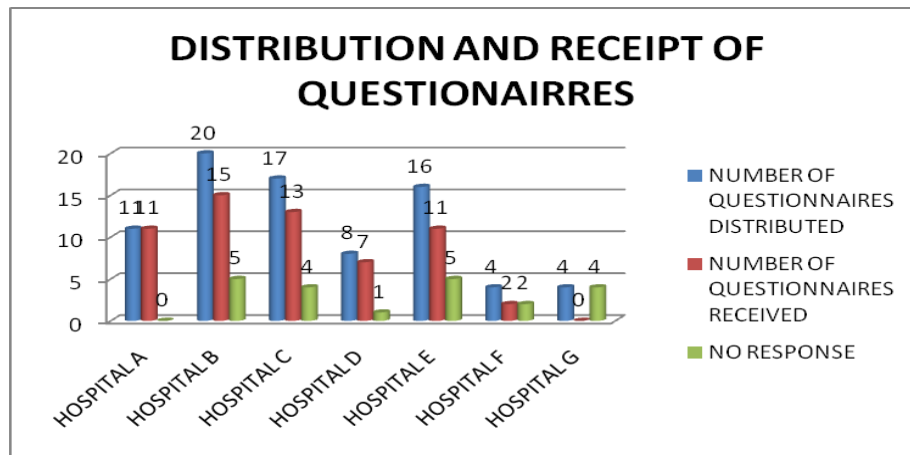


Figure 4.1 Graph of the distribution and receipt of questionnaires

Data analysis was done with the assistance of a statistician and the University of KwaZulu-Natal. Data obtained in sections A, B, C and D of the questionnaires was subjected to computer analysis. The Statistical Package for the Social Sciences was used to analyse the data. According to Brink (2001:179), statistical methods enable the researcher to reduce, summarise, organise, evaluate, manipulate, interpret and communicate quantitative data. Closed-ended questions were quantified and frequency tables and percentages compiled. Open-ended questions were categorised, similarities in each category identified and clustered. Procedures that allow researchers to describe and summarise data are known as descriptive statistics (Lo-Biondo - Wood and Haber 2006:358).

Numeric data was analysed using descriptive statistics and presented using bar graphs, pie charts and frequency tables. Content analysis was used to analyse open-ended questions.

## 4.2 ANALYSIS OF DEMOGRAPHIC DATA FROM SECTION A

According to Burns and Grove (2009:178), demographic variables are the attributes of the subjects that are measured during the study and used to describe the sample. Section A of the questionnaire dealt with the respondents demographic data, including age, gender, basic training programme, work experience and their current positions in the nursing unit. Some questions required the respondents to provide explanations.

According to Lekhuleni (2002:70), demographic data may not be central to the study, but may assist the researcher to interpret the findings. The demographic data is analysed to provide a picture of the sample.

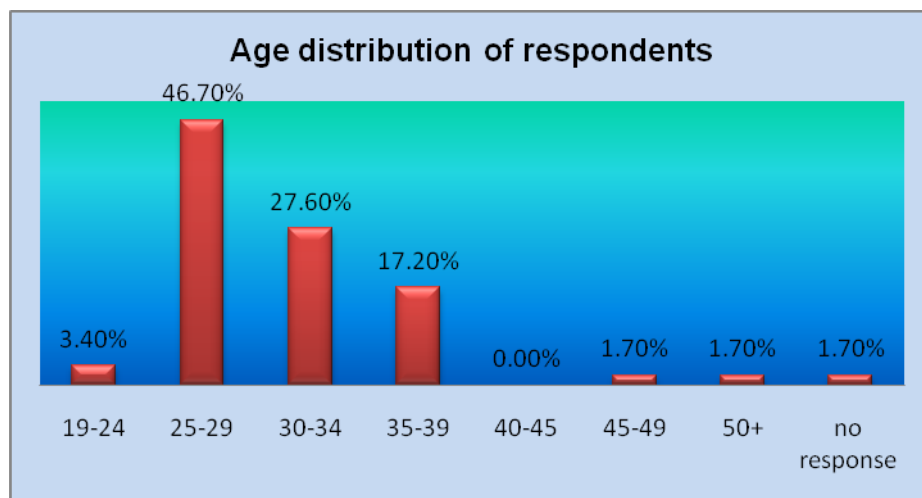
#### **4.2.1 Age distribution**

Of the fifty eight respondents, two (3.4%) were between the ages of 19 and 24 years. The majority of the respondents, twenty seven (46.7%), were between the ages of 25 and 29, sixteen (27.6%) were between 30 and 34 years, ten (17.2%) were between 35 and 39 years, one (1.7%) was between the ages of 45 and 49 and one (1.7%) was in the bracket of 50 years or older. One (1.7%) did not provide a response. Age is a factor that is essential in examining professional competency. Older people may have a greater level of competence than the younger ones because they have had more years of experience than the younger generation of nurse (Brule 2008:88). The sample of new graduates is predominantly under 35 years of age.

Graduates of the bridging programme are usually older than graduates of other nursing programmes. Many have worked as enrolled nurses for a number of years before completing the bridging programme. This accounts for the variability within the age category. Boelen and Kenny (2009:533) citing Archer et al (1999) state that more mature students often possess high levels of verbal aptitude, goal setting ability and high motivation that positively influences academic performance and success. Bowles and Candela (2005:135) caution that this group of registered nurses is the foundation for the future nursing workforce, and along with those who follow, must find satisfaction in their work to be committed to stay in the nursing profession.

**Table 4.1 Age distribution of the respondents (N=58)**

Age in years (N=58)	Frequency	Percent	Valid Percent	Cumulative Percent
19-24 years	2	3.4	3.5	3.5
25-29 years	27	46.7	47.4	50.9
30-34 years	16	27.6	28.1	78.9
35-39 years	10	17.2	17.5	96.5
45-49 years	1	1.7	1.8	98.2
50+	1	1.7	1.8	100.0
		98.3	100.0	
Missing system	1	1.7		
Total	58	100.0		

**Figure 4.2: Graph showing the age distribution of respondents (N = 58)**

#### 4.2.2 Gender distribution of the respondents

Of the fifty eight respondents, fifty seven (98.3%), were females and one (1.7%) was a male. This was because nursing is a predominantly female profession.

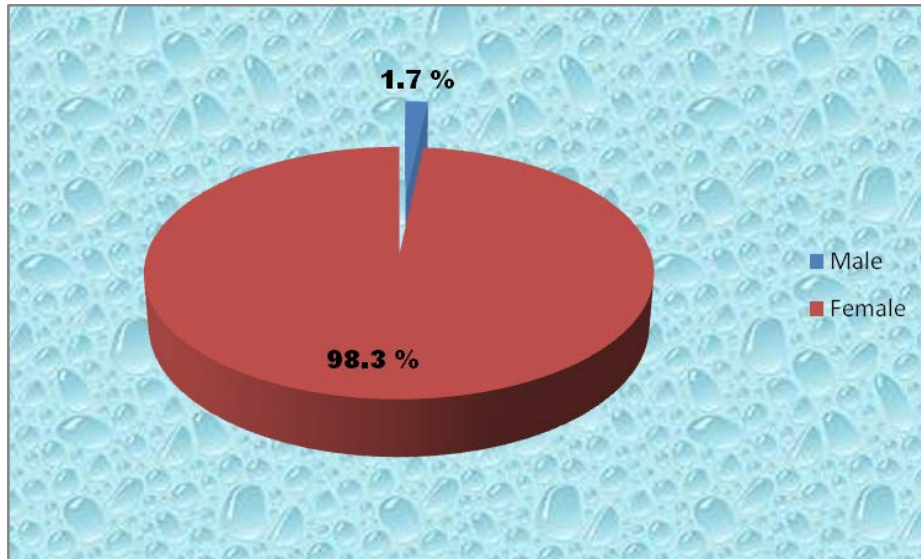


Figure 4.3 Gender distribution of the respondents (N=58)

#### 4.2.3 Clinical areas where respondents are employed

The environment into which a new graduate enters cannot be minimized or dismissed as insignificant to the transition experience through the first year in practice (Olson 2002:7). The majority of the respondents (31%) were placed in the surgical units and (28%) in the medical units. The other (41%) were placed in specialised units (see figure 4.4). In specialized units the new graduates are still developing professional competency and confidence in their practicing areas. The education that the respondents received focused more on general nursing and not on specialization. However, application of this knowledge would be required in the area of specialization. Graduates would not have had formal training in their areas of specialization as yet. Bowles and Candela's (2005:135) study showed that 55% of new graduates were employed for the first time in other than medical and surgical units.

This points towards the recent tendency of new graduates taking first positions that traditionally required experience prior to being employed.

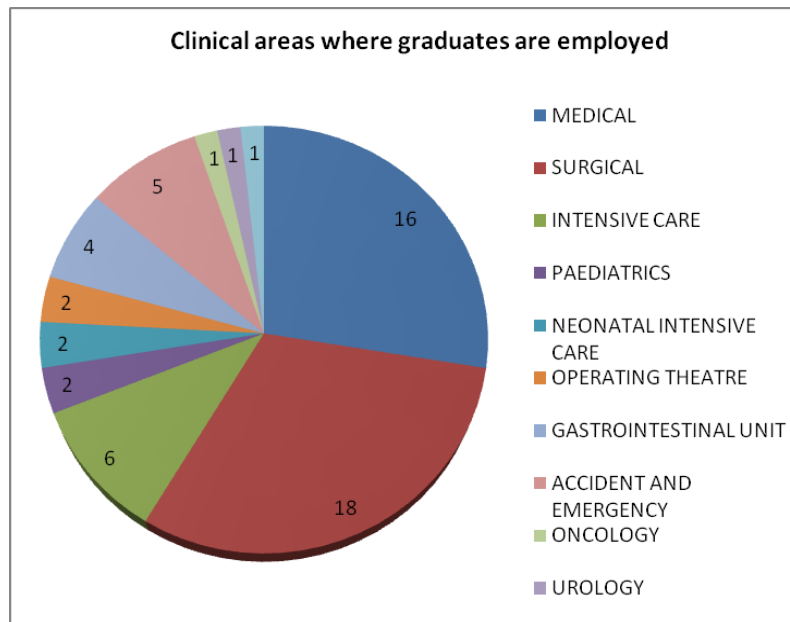


Figure 4.4 Clinical areas where respondents are employed (N=58)

#### 4.2.4 Number of months working in the present unit

Question 8 required respondents to indicate the number of months they have been working in the present unit. The responses are represented by Table 4.2.

The results indicate that fifty three (91.4%) of the respondents have had twelve (12) or less months experience in the units in which they are employed. Five respondents (8.6%) indicated more than twelve months experience in their units. This can be due to the fact that bridging graduates often return to the units in which they had worked as an enrolled nurse. This reference could be to their previous working experience in the unit. As the questionnaires had no names it was not possible to clarify this with the respondents. Olson (2002:26) states new graduates' average length of stay in their first position after graduation was six months. The author contends graduates resigned during or after the orientation period. Within six to eight months after graduation 25, 3% of newly licensed registered nurses had worked for two or more institutions. According to the Health Care Advisory Board (1987), as cited in Olson (2002:26), the average tenure of new graduates in their first hospital job was thirteen months for the diploma and eight and a quarter months for baccalaureate nurses. Respondents of this study had a payback period where they had to work for the company for two years post graduation.

**Table 4.2 Number of months working in present unit (N=58)**

Months	Frequency	Percent	Valid Percent	Cumulative Percent
1	5	8.6	8.6	8.6
2	5	8.6	8.6	17.2
3	8	13.8	13.8	31.0
4	7	12.1	12.1	43.1
5	3	5.2	5.2	48.3
6	6	10.3	10.3	58.6
7	4	6.9	6.9	65.5
8	5	8.6	8.6	74.1
10	3	5.2	5.2	79.3
11	4	6.9	6.9	86.2
12	3	5.2	5.2	91.4
13	1	1.7	1.7	93.1
22	2	3.4	3.4	96.6
30	1	1.7	1.7	98.3
48	1	1.7	1.7	100.0
Total	58	100.0	100.0	

#### **4.2.5 Respondents being left in charge of the unit**

Question 10 asked the respondents whether they were sometimes left in charge of the ward. The majority of the respondents forty six (79.3%) indicated that they were left in charge of the unit, whereas eleven (19%) were not, and one respondent (1.7%) did not respond to this question (figure 4.5). Dyess and Sherman (2009: 403) cite various studies done by Burns and Poster (2008), Del Beuno (2005), Li and Kenward (2006) and Spector and Li (2007) where new graduates are placed in clinical settings and assume responsibilities for tasks that are beyond their capabilities. The problem has been aggravated by staff shortages, rising acuity of hospital patients, reduced length of stay in hospital and new technologies.



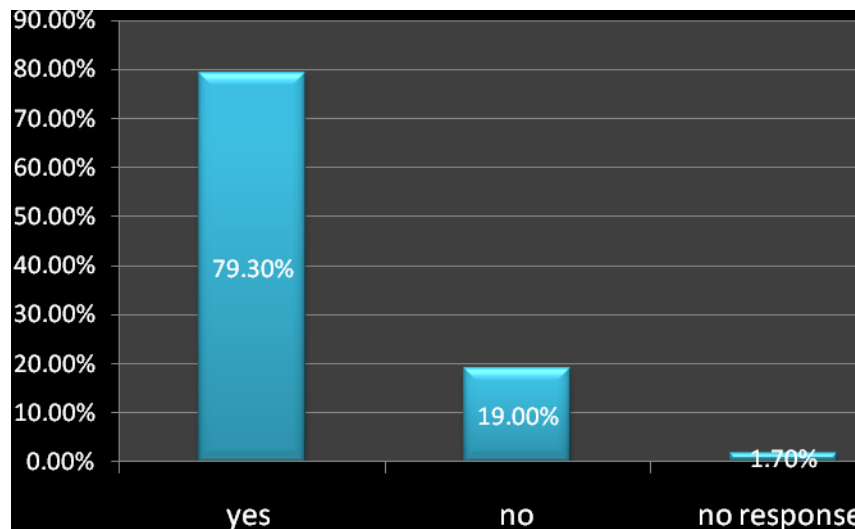


Figure 4.5 Respondents being left in charge of the unit (N=58)

Question 11 asked respondents, who had answered yes to the question above, how many times they were left in charge of the unit in the last month. The responses are illustrated in figure 4.6.

Twenty four (41.4%) of the respondents indicated that they were left in charge of the unit more than ten times in the month. Nineteen (32.8%) indicated they were left in charge of the unit up to three times in the month, four (6.9%) were left in charge between four and six times and three (5.2%) from seven to ten times, whilst eight respondents (13.7%) did not answer this question. Brule (2008:2) citing Hodges, Keely and Grier (2005) states that nursing appears to be one of the few professions in which there is an expectation that graduates will “hit the ground running”.

Graduates from professions such as medicine, law and engineering have to undergo a period of internship before they are expected to assume their roles. The shortage of qualified nurses has necessitated new graduates to be ready for practice immediately on completion of their training programme. Romyn et al (2009: 2) citing Cowin and Hengstberger (2005) state that it normally takes six months or longer for new graduates to adapt and be able to function independently and another six months to acquire the confidence required to include leadership responsibilities into their nursing role. This time period differs from the current situation of the new

graduates, as they had to assume leadership positions less than twelve months after qualifying, with some being left in charge of the unit immediately on graduation.

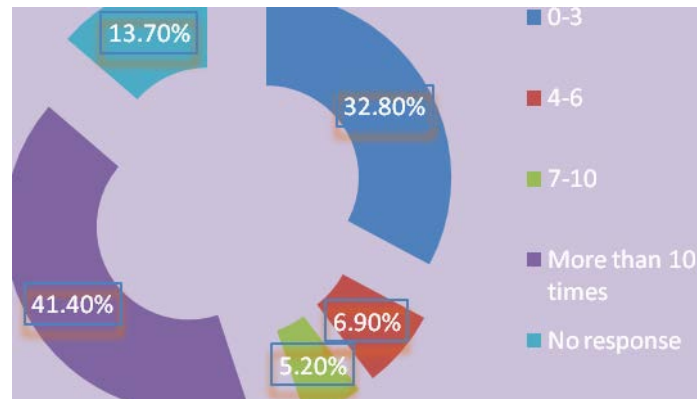


Figure 4.6: Number of times left in charge of the unit in the last month (N=58)

#### 4.2.6. Current position in the unit

Question 12 asked respondents their current position in the unit.

Most respondents, forty six (79, 3%) indicated they were in current practice as registered nurses in the units. This would be fitting, as most would have received their registered nurse registration at the time of the study. Ten respondents (17.3%) were team or shift leaders, one (1.7%) did not respond and one (1.7%) indicated other and stated her position as a staff nurse (figure 4.7). This could not be verified as the questionnaires were anonymously completed.

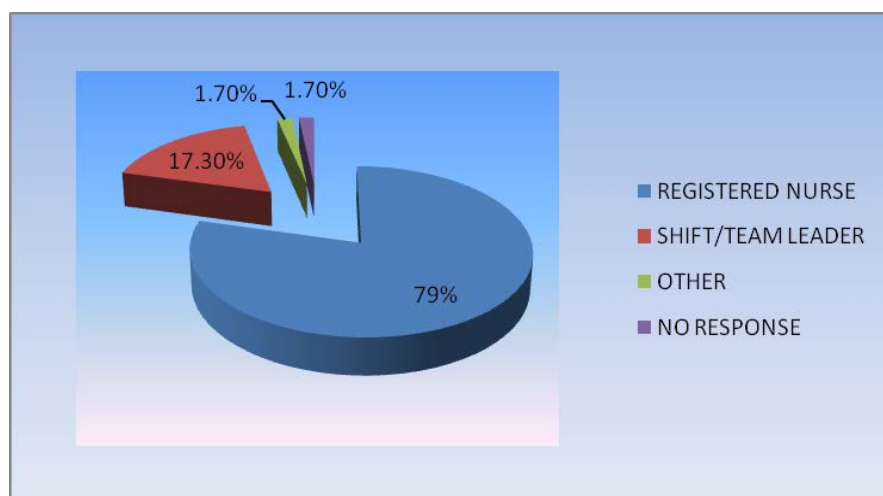


Figure 4.7 Current position of the respondents in the unit (N =58)

#### 4.2.7. Experience as an enrolled nurse auxiliary prior to becoming a registered nurse

Questions 13 and 14 required respondents to indicate if they had worked as enrolled nurse auxiliaries prior to becoming a registered nurse and, if so, for how long. Thirty one (53.4%) of the respondents worked as enrolled nurse auxiliaries prior to becoming registered nurses, whereas twenty six (44.8%) indicated that they did not work as enrolled nurse auxiliaries. One respondent (1.7%) did not answer this question (figure 4.8). Some respondents may have initially completed the course leading to enrolment as a nurse auxiliary according to SANC Regulation R2176. This is a one-year programme. Enrolled nursing auxiliaries perform basic nursing functions such as checking of vital signs, doing bed baths, serving meals and feeding patients. Enrolled nursing auxiliaries can progress by completing the course for enrolled nurses prior to enrolling for the bridging programme.

The majority of twenty seven (46.6%) respondents worked in a period up to 3 years as an enrolled nursing auxiliary before enrolling for the enrolled nurse course. One respondent (1.7%) had been an enrolled nurse auxiliary for between 16 and 20 years before enrolling for the enrolled nurse course, six (10.3%) had worked for a period between 4 and 6 years and twenty four (41.4%) respondents who did not answer this question completed the two year enrolled nurse programme.

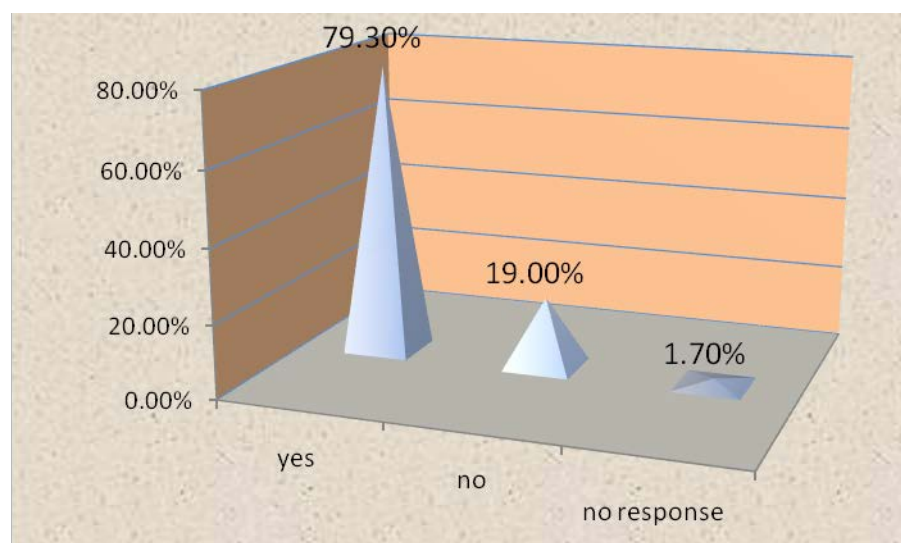


Figure 4.8: Experience as an Enrolled Nursing Auxiliary prior to becoming a registered nurse (N = 58)

#### 4.2.8 Experience as an enrolled nurse prior to becoming a registered nurse

Questions 15 and 16 required respondents to indicate if they had worked as enrolled nurses prior to becoming a registered nurse and for how long.

The requirements for entry into the bridging programme are that learners must have completed the two-year enrolled nurse programme. From the information provided in (figure 4.9), the majority fifty six (96.6%) respondents had worked as enrolled nurses prior to becoming registered nurses and one (1.7%) did not respond. Only one (1.7%) had not worked in the clinical area as an enrolled nurse but went on, immediately after completing the enrolled nurse programme, to register for the bridging programme.

Prior to registering for the bridging programme, thirty nine (67.3%) of the respondents worked as enrolled nurses for a period up to 3 years, thirteen (22.5%) between 4 and 6 years, two (3.4%) between 7 and 10 years and two (3.4%) between 11 and 15 years. One graduate (1.7%) went on to complete the bridging programme without working as an enrolled nurse and one (1.7%) did not respond, which would correlate with the findings as below (figure 4.9). The fact that some respondents have been working as enrolled nurses may make them more self confident or better able to function as newly graduated registered nurses.

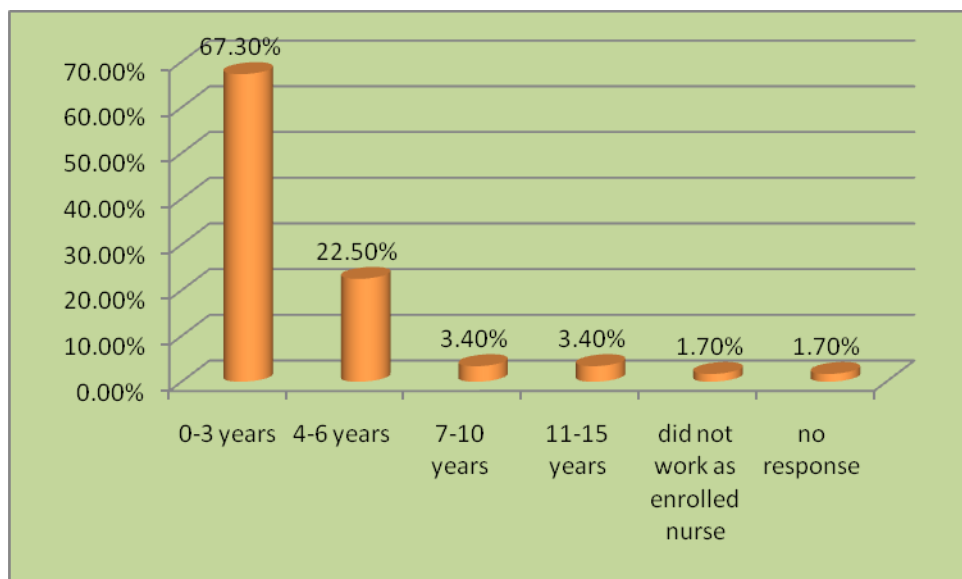


Figure 4.9: Respondents length of time working as an enrolled nurse (N=58)

#### **4.2.9 Summary of Section A**

Section A revealed the age distribution of the bridging programme graduates and the majority (46,6%) was found to be in the age group 25-29 years. The gender (98,3% of female respondents) was found to be in keeping with nursing still being a predominantly female profession, in spite of more males now entering the profession. The majority of respondents (59%) are placed in general medical and surgical units. The other (41%) are placed in specialised units. The majority of respondents (79, 3%) did indicate they were left in charge of the unit sometimes, and (41, 4%) indicated they were left in charge more than 10 times in the last month, whereas (17, 3%) of the new respondents were already in shift leader or team leader positions. The majority of respondents had some experience working as an enrolled nurse auxiliary (53, 4%), and enrolled nurse (96, 6%) prior to becoming a registered nurse. The questions asked in Section A were to obtain an overview and a profile of the graduates included in this study.

#### **4.3 ANALYSIS OF RESPONDENTS PREPAREDNESS FOR THEIR ROLE AS REGISTERED NURSE (SECTION B).**

Section B consisted of seven questions of which some were open-ended.

##### **4.3.1 Respondents perceptions of their preparedness for the registered nurse role on completion of the bridging programme**

Question 17 of the questionnaire asked respondents to rate how they perceived themselves as prepared for the registered nurse role on completion of the bridging programme. The rating scale ranged from (1) well prepared, (2) minimally prepared to (3) not prepared. According to the responses, less than half twenty six (44,8%) of the respondents indicated that they were well prepared, thirty (51,7%) indicated they were minimally prepared and two (3, 4%) did not consider themselves as sufficiently well prepared for the registered nurse's role (figure 4.10). Newly qualified nurses can be doubtful about their competence once they begin practicing. More than half of the respondents regarded their preparedness as minimal. Brule (2008: 95) citing Gerrish

(2000) supports this finding by asserting that new nurses are susceptible to experiencing self-doubts once they begin practicing, and their work performance reflects this. Kamphuis (2004:2), is of the opinion that the newly qualified nurse, on completion of training, is a minimally safe practitioner. The author cites several literature studies, Clare et al (1996), DeBellis et al (2001) and Horsburgh(1987), where graduates were identified as being unprepared for the workload.

Understandably, new graduates are anxious and will verbalise minimal or insufficient knowledge to practice competently and manage a nursing unit. It is the researcher's view that it is unrealistic to expect new graduates to be fully prepared for managing or taking charge of a unit on graduation. It is a known fact, from the various literature sources presented in this study, that it takes at least three to six months for a newly qualified registered nurse to function independently and be prepared to accept leadership positions. However, there is concern that while the respondents are stating that they are minimally or not prepared, they are still left in charge of the unit on graduation (see 4.2.5). In spite of being minimally prepared, (17, 3%) are assuming shift leader positions. It is intended that the bridging programme would produce graduates who are beginning practitioners and not those who can take charge of a unit immediately on graduation. In fact, it would be impossible to do so given the limited opportunities students have to practice management skills during training. The transition from student to graduate nurse is facilitated through orientation programmes, supervision and mentoring programmes.

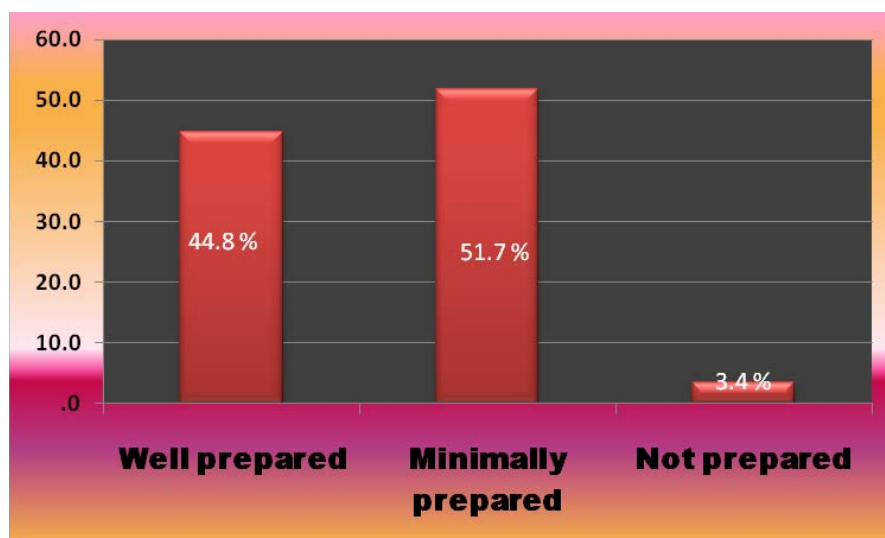


Figure 4.10: Preparedness upon completion of the bridging programme (N=58)

### 4.3.2 Association between age and level of preparedness to manage a nursing unit

Chi –square tests were used to analyse if there was any association between age and the level of preparedness to manage a nursing unit. The level of significance was set at 0.05. The data is presented in Table 4.3. The values in brackets indicate the number of respondents and the non- bracketed values indicate the Chi square value ( $\chi^2$ ).

**Table 4.3 Chi square test for association between age and level of preparedness to manage a nursing unit**

Age group	Well prepared	Minimally prepared	Not prepared	Total
19-24	(0) 0.912	(2) 0.97	(0) 0.07	1.952
25-29	(15) 0.5926	(11) 0.532	(1) 0.00296	1.12756
30-34	(6) 0.2282	(10) 0.425	(0) 0.561	1.2142
35-39	(5) 0.042	(4) 0.2325	(1) 0.0003	0.2748
40-45	(0) 0	(0) 0	(0) 0	0
46-50	(0) 0.4561	(1) 0.474	(0) 0.035	0.9651
50+	(0) 0.4561	(1) 0.474	(0) 0.035	0.9651
Totals	2.687	3.1075	0.70426	6.499
df: 12 $\chi^2$ : 6.499 $\alpha$ : 0.05				

The chi square statistic was ( $\chi^2 = 6.499$ ), the predetermined alpha level of significance was (0.05), and the degrees of freedom was (df =12). Entering the Chi square distribution table with 12 degrees of freedom and reading along the row the value of  $\chi^2$  (6.499) lies between 6.251 and 7.815. The corresponding probability is  $0.10 < P < 0.05$ . This is below the conventionally accepted significance level of 0.05 or 5. Since the  $\chi^2$  statistic (6.499) did not exceed the critical value for 0.05 probability level (7.815) it can be accepted that there was no association between age and level of preparedness to manage a nursing unit.

#### **4.3.3 Number of months it took respondents to feel competent to practice as registered nurses**

Question 18 asked respondents to indicate, in months, how long it took them to feel competent in their practice as a registered nurse. The responses are presented graphically in Figure 4.11. Despite the fact that the first three months of practice is a critical learning phase, the majority or forty (69%) respondents achieved competence within 3 months in their practice as registered nurses. Eight (13, 8%) reported it took them 4 or 5 months, two (3, 4%) achieved competence within 6 to 9 months, while five (8, 6%) still do not feel competent. Three (5.2%) respondents did not answer this question (figure 4.11). Through practice most newly qualified nurses eventually develop confidence.

Bork (2003:1), citing Eichelberger and Hewlitt (1999), asserts newly qualified registered nurses in their first job face competency expectations that differ from the expectations they experienced in their nursing education. Ingram (2008:13), states as nurses gain experience; they become more confident and proficient in their critical and decision-making processes. The findings of the present study is consistent with various literature sources that have revealed that it takes at least six to twelve months for new graduates to feel competent and confident in their new jobs. Gerrish (2000) states it takes six to nine months, Petterson (2006) states from eight to twelve months and Dyess and Sherman (2009) states it takes twelve months to feel competent. The respondents of this study are not alone in their uncertainty around competence in their practice as registered nurses. Ellerton and Gregor (2003) found at three months graduates were still apprehensive about their new positions and roles. The findings of this study are similar to those found in many other countries where there have been serious shortages of experienced registered nurses to mentor and guide students to achieve management skills.



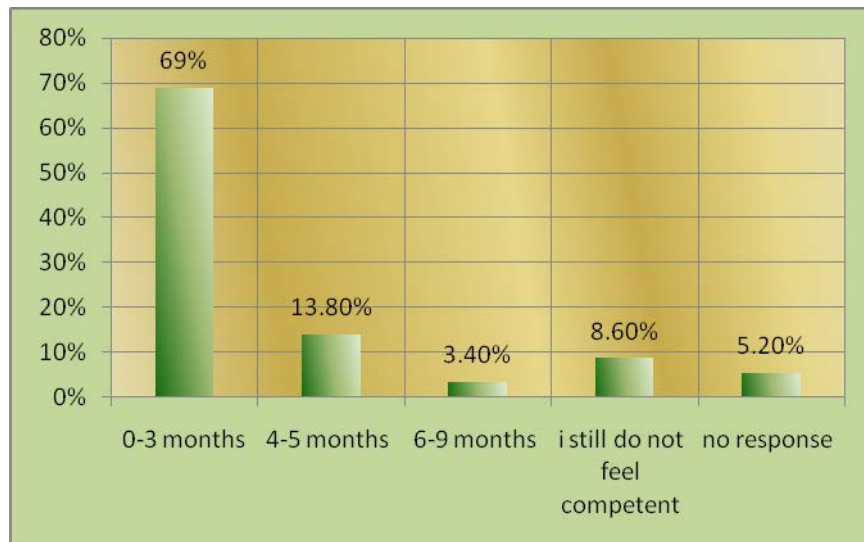


Figure 4.11 Number of months it took for respondents to achieve competence (N=58)

#### 4.3.4 Current job responsibilities with regard to management of the unit

In question 19 respondents were requested to state their current job responsibilities with regard to management of the unit. The respondents described the kinds of activities that constituted their daily work. The responses to this open-ended question were coded by hand. The findings were sorted out and categorized and common themes are presented in table 4 .4.

The respondents indicated the frequency of performance of nineteen different management activities. Eight (14%) respondents did not answer the question. The other fifty (86%) provided the most common managerial tasks performed by the new graduates. It is evident that the majority of respondents are performing some management functions soon after qualifying as registered nurses. Twenty three (40%) respondents were delegating tasks to subordinates, fourteen (24%) were allocating staff to the different duties, nineteen (33%) were collaborating with the multidisciplinary team (this included doctors rounds and ensuring orders are carried out). Twenty two respondents (38%) were supervising junior staff and scheduling duties for staff and nineteen (33%) were managing acuities. Ten (17%) respondents were providing in-service training to staff, ten (17%) indicated their responsibilities for ordering and control of scheduled drugs, seven (12%) were responsible for stock and equipment control and seven (12%) were already addressing patient complaints and problem solving.

**Table 4.4 Management responsibilities of respondents (N=58)**

<b>MANAGEMENT RESPONSIBILITIES</b>	<b>NUMBER OF RESPONSES</b>	<b>%</b>
Delegation of duties to subordinates	23	40
Allocation of staff	14	24
Providing in-service and teaching to staff	10	17
Quality orientation	3	5
Control of stock and equipment	7	12
Collaborating with the multidisciplinary team in the delivery of patient care	19	33
Supervision of staff	22	38
Ordering and control of drugs	10	17
Scheduling of staff	19	33
Policy implementation	1	1.7
Cost control	2	3.4
Conflict management	3	5
Communication	2	3.4
Promoting team work	1	1.7
Problem solving	7	12
Education of patient and their families	1	1.7
Accepting responsibility and accountability for the level of care delivered	2	3.4
Managing time effectively	1	1.7
Planning of nursing care	3	5
Evaluation of nursing care	1	1.7

#### **4.3.5 Bridging programme preparation of respondents for their current management responsibilities.**

Question 20 asked respondents if they felt that the bridging programme properly prepared them for their current management responsibilities. Respondents had to answer yes or no and were required to provide comments for their responses. The relevant responses were content analysed with the positive responses yielding four themes and negative responses five themes (see table 4.5).

More than half of the respondents, thirty two out of fifty eight (55.2%) felt that the bridging programme properly prepared them for their management responsibilities, while twenty six (44.8%) felt it did not.

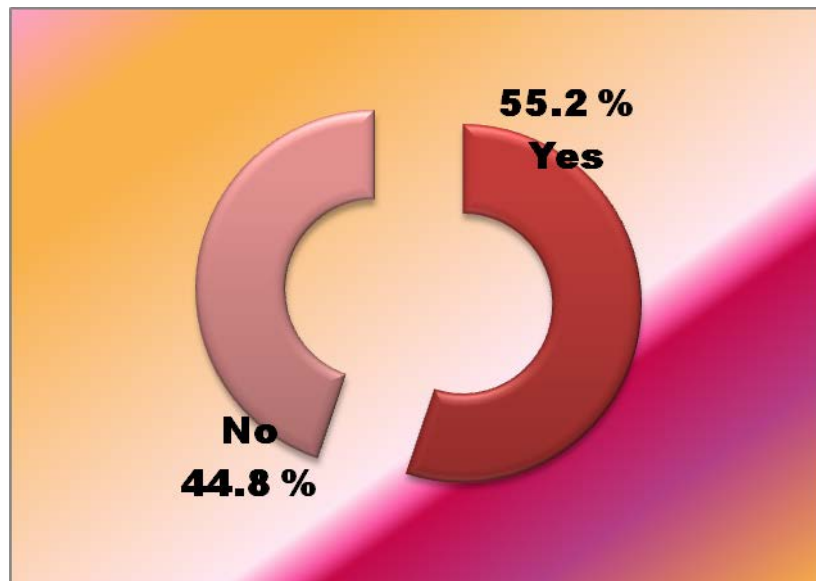


Figure 4.12 Preparation of respondents for their current management responsibilities (N=58)

Of the thirty two respondents who answered yes to question 20 , twenty two (69%) provided comments on how the bridging programme properly prepared them for their management responsibilities, and ten (31%) of the respondents who answered did not provide comments on how they felt the bridging programme failed to prepare them for their management responsibilities .

The common findings were categorized and sorted into positive and negative categories under Table 4.5. Positive responses indicate those activities that occurred in the bridging programme that prepared respondents for their management responsibilities. Negative responses are because graduates felt the activities did not help prepare them for their current management responsibilities. Some respondents believed that their education did not focus on the management skills they needed for their transition. Their education focused more on nursing activities and not the management skills they would need during their practice as registered nurses. The summary presented in Table 4.5 supports this finding.

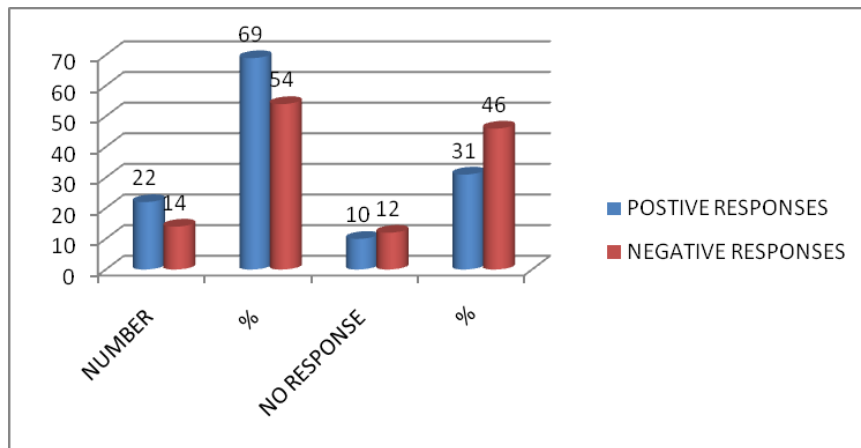


Figure 4.13 Positive and negative responses to the preparation of respondents their management responsibilities (N=58)

Eighteen percent (18%) of the respondents felt that the one month of supernumerary status, where they were given the opportunity to practice management, was sufficient and helped them acquire the skills needed to function in their current management roles. In contrast 43% of respondents responded negatively. They felt that the one month was not sufficient to practice management and more time should be allocated. Sixty four percent (64%) stated that the course content of the bridging programme adequately prepared them to function in the management capacity. Nine percent (9%) felt that the facilitated practical activities and assessments during the bridging programme assisted them in their management roles, while 14% felt that the practical assessments focused on nursing activities as opposed to management skills.

Interestingly, one (7%) respondent felt training in a private hospital was a disadvantage, as management skills could not be practiced. These perceptions might be subjective, but testing of these statements fell beyond the scope of this research. Twenty-nine percent (29%) stated they were not given the opportunity to practice management as a student. No reason or verification can be provided for this statistic as the questionnaires are completed anonymously. Unit managers did not always consider the students supernumerary status when allocating tasks and duties.

**Table 4.5 Summary of positive and negative responses (N=58)**

<b>POSITIVE RESPONSES</b>	<b>NUMBER OF RESPONSES</b>	<b>%</b>
Acquired competency during the supernumerary management month	4	18
Exposure to management competencies while rotating in the different wards during training	2	9
Competency gained during facilitated practical activities and assessments	2	9
Course content of the bridging programme	14	64
<b>TOTAL</b>	<b>22</b>	<b>100</b>
<b>NEGATIVE RESPONSES</b>	<b>NUMBER OF RESPONSES</b>	<b>%</b>
Not given the opportunity to practice management as a student	4	29
Practical assessments focused on nursing activities and not management activities	2	14
Insufficient time in the bridging programme to practice management - 1 month insufficient to practice management	6	43
Minimal exposure to management competencies due to staff shortage	1	7
Training in a private hospital was a disadvantage - could not practice management skills	1	7
<b>TOTAL</b>	<b>14</b>	<b>100</b>

Questions 17 and 18 asked respondents about their preparedness for the registered nurse role which encompasses both nursing care and management activities, while question 20 specifically addressed the preparedness for the management responsibilities. Less than half of the respondents felt well prepared for their registered nurse role. After having them identify their current management responsibilities in question 19, more than half of the respondents indicated (question 20) they were properly prepared for their management responsibilities.

#### **4.3.6 Stressful experiences in the transition from the role of student to that of the management role of the registered nurse**

Question 21 was an open-ended question and respondents were required to describe what they found most stressful in their transition from the role of student to

that of registered nurse with reference to their management role. Understanding what bridging graduate nurses find most stressful, during their transition to the professional role, will add value for nursing schools by gaining insight into what measures can be taken in order to make the transition easier .

What was found most stressful by respondents is evident in the following responses:

*Being accepted and respected by staff and co-workers*

*Getting acquainted with the way the unit is run*

*Gaining trust of co-workers*

*Having to work with different doctors and learn their preferences*

*Adjusting to taking responsibility for the team and their actions*

*Being accountable for junior staff in the ward and accounting for all activities in the unit*

*Supervision of staff to ensure all work was done*

*Being in charge of the ward within one month of qualifying as a registered nurse*

*Problem solving and conflict management among staff*

*Having to adjust from being supervised all the time as a student to being left alone to manage the team.*

*Colleagues and staff find it difficult to take instructions from the new graduates*

*Being undermined by other registered nurses because of the lack of experience*

*Lack of experience and the limited opportunities to practice management during the bridging programme*

*Most staff still see you in the role of an enrolled nurse and student and not a registered nurse and they are reluctant to take orders from you*

*Lack of support from junior, senior and management staff in the new role*

*Lack of a mentor to guide and socialize you into your new role*

*Staff shortages often made managing the unit difficult as time was wasted finding replacements*

*The expectation from management and colleagues that you have to be competent in your role as a registered nurse as soon as you qualify.*

*Being thrown in the deep end and expected to swim*

The respondents are still learning the roles of the registered nurse, which is different from the roles associated with the enrolled nurse. For the respondents their new responsibilities, authority and accountability was both intimidating and demanding at the same time. The stress that respondents felt was related to a lack of the necessary skill and self-confidence to make decisions for which they felt answerable. Respondents were overwhelmed by the amount of responsibility expected of them because they did not experience the same responsibility as students. As students and enrolled nurses, they could always depend on unit managers and registered nurses to help them with validating the decisions they made. This changed as they found themselves making the decisions with no one to support or validate them. The respondents' comments are supported by (Etheridge 2007: 24) who states that students report that when they first enter the nursing major they are unaware of the complexity of thinking and problem solving that occurs in the clinical setting. The same can be applied to our respondents who felt overwhelmed by the levels of accountability and responsibility they had to assume soon after graduating.

The experiences of the respondents are not unique. Findings from the study conducted by Carlson et al (2005: 71) imply students experience personnel as hostile and unapproachable towards them when placed in the ward, as well as a lack of professional role models to aid in socialising them into their professional roles. Students in this study verbalised feelings of inadequacy as they felt most staff were not interested in their learning needs and did not care about them. Moeti et al (2004: 80) state newly qualified registered nurses will make a better contribution to the care of clients if they were accepted as professionals and not as learners anymore, as indicated by the respondents.

#### **4.3.7 Factors that helped respondents in the transition from the role of student to that of registered nurse**

Question 22 was an open-ended question and respondents were required to state what they found had helped them ease through the transition to the role of the registered nurse.

Respondents found the following to be helpful in the transition to the role of the registered nurse:

- Working with and being mentored by experienced registered nurses helped understand the roles expected of graduates as well as how to work with staff
- Completion of the management practical assessments and portfolio of evidence during the bridging programme helped understand what managing a ward entails
- Managing a unit and working closely with the unit managers, in the supernumerary month during the bridging programme, provided the practical experience for managing a unit.
- Working previously as an enrolled nurse in the same units and having the opportunity to take charge at times helped ease the transition.
- The management theoretical and practical content of the bridging programme
- Guidance and motivation from unit managers and colleagues.
- Observation of how other registered nurses function.

Respondents felt that they acquired knowledge upon graduation from interaction with experienced registered nurses, unit managers and other members of the health care team. Generally they felt that the theoretical and practical content of their educational programme prepared them for their management role. This is directly related to the positive responses in Figure 4.12 where 55, 2% of respondents indicated the course content of the bridging programme properly prepared them for their management responsibilities. The findings are consistent with Carlson et al (2005:71) where students felt enriched and empowered by the theoretical and practical skills obtained during their nursing programme. However they felt the one month allocated to act as a professional nurse in the ward was not sufficient to be able to practice independently.

Being an enrolled nurse before completing the bridging programme may make transition to the registered nurse role easier because of having engaged in a sort of role practice even before achievement of the registered nurse designation. Rydon, Rolleston and Mackie (2008: 612) cite surveys conducted by the North Carolina Centre for Nursing in 1995 and 1997, revealing that graduates with work experience as either a nurse aid or licensed practical nurse, gained employment and made the transition to registered nurse more easily.



#### 4.3.8 Newly qualified registered nurses left in charge of the team in the unit.

The last question in this section (question 23) asked respondents on employment as a registered nurse, how soon were they left in charge of a team? The majority (96, 6%) responded to this question, while two (3, 4%) did not. Eleven (19%) indicated that they have not been left in charge of the team since employment. In the first month of employment twenty six (44, 8%) were left in charge, and fifteen (25, 9%) were left in charge within 2-3 months of employment. Within 4-6 months of employment, three (5, 2%) were left in charge of the unit and one (1, 7%) within 7-9 months. Cubit and Leeson (2009: 893) identify the need to reassess the assumption that registered nurses, who were previously enrolled nurses, are more prepared to adopt the registered nurse's role on graduation. The hospitals should not consider this group of graduates as prepared particularly in current times of acute nurse shortages. If staff shortages are a problem then unit managers have no alternative but to place newly qualified registered nurses in senior positions in order to meet the needs of the unit and patients.

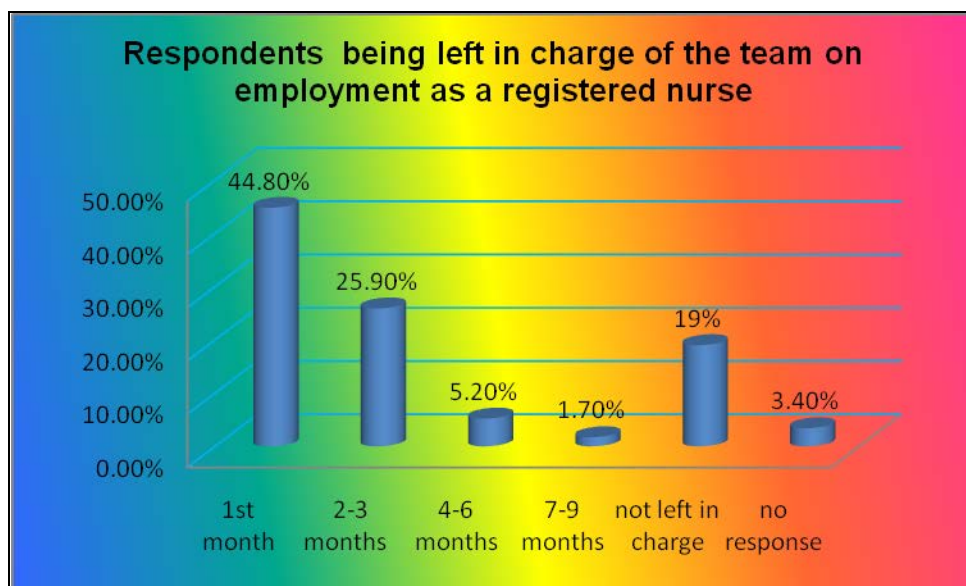


Figure 4.14: Respondents being left in charge of team on employment as a registered nurse (N=58)

#### **4.3.9 Summary of Section B**

Overall respondents felt they were prepared to enter clinical practice as registered nurses. Respondents stated they did not have enough opportunities to practice management competencies as students and acknowledged their need to develop skills in management practice. Some respondents commented on the high level of expectations that were placed on them. Respondents suggested the need for more hands-on experience and practice with skills relating to management. There is a great need for support of new graduates during this transition process. Although the respondents reported feeling overwhelmed and unprepared, they did not report incompetence to practice. Some reported that the bridging programme had been lacking in management practice opportunities and they had to learn from experienced nurses. Nash, Lemcke and Sacre (2009:49), are of the opinion that new graduates are likely to feel uncomfortable and experience feelings of inadequacy when entering a new workplace. The status of being a student often prevents the learner from undertaking or practicing management skills in clinical practice. If students do not take part in the management aspects of nursing practice, it will be difficult for them to gain the necessary knowledge and skills expected of them when they qualify.

Respondents experienced stress during their transition, as there was pressure on them to take responsibility and remain accountable for all activities in the nursing unit. There were few or no other experienced registered nurses to support them and they often found themselves taking charge of the unit straight after graduation.

#### **4.4 ANALYSIS OF RESPONDENTS' RATINGS OF THEIR MANAGEMENT COMPETENCIES**

Section C consisted of fifty four (54) closed-ended questions. These questions attempted to identify which management functions bridging programme graduates perceived themselves as able to perform on entry into practice as a registered nurse. The expected competencies were described under the four areas of management practice, namely: planning, organising, directing and control. Respondents were asked to self-report their preparedness to perform a list of actions relating to management.

Williams (2007:15), citing Grohar–Murray and DiCroce (2003), Marquis and Huston (2003) and Sullivan and Decker (2005), defines management skills as a set of abilities that include the systematic process of planning, organising, directing and controlling through which the goals of an organisation are achieved efficiently and effectively using resources.

Tables 4.6 to 4.9 reveal respondents 'ratings on how prepared they perceived themselves to perform management competencies. The categories for rating were specified as (1) able to perform without supervision, (2) able to perform with minimal supervision, and (3) unable to perform – required direct supervision. Responses were grouped together and reflected in percentages. Scores of each of the items were added up to give a total preparedness score.

#### **4.4.1 Respondents ' rating on their competencies relating to planning**

Most respondents (70%) rated themselves as having a strongly developed ability to perform planning functions without supervision. Of all the management competencies, planning achieved the highest rating of being able to perform by the respondents. Respondents perceived themselves as prepared to perform planning competencies with minimal supervision (19%) and 11% felt not able to perform and needed direct supervision (table 4.6). The majority (81%) indicated they were skilled in the development of a plan of care for patients, 79% indicated they felt able to guide other staff in the plan of care and 77,6% were skilled in prioritising patient problems and nursing activities. This positive response is encouraging as it forms the basis upon which patient care is centred.

Planning of the daily routine of the unit and providing a safe environment achieved scores of (79, 3%) each and resource planning (77, 6%). Most of the respondents (62, 1%) indicated they could set objectives for the delivery of care in the unit without supervision. The competency that graduates found themselves poorly skilled in was formulation of policies in the unit (22, 4%). Policy formulation is included in the bridging curriculum. As part of the management practical experiences, bridging learners are required to review and formulate a policy for a nursing unit. It is not common practice for

registered nurses, in the hospitals under study, to formulate policies as this is done at head office by management. The respondents are newly qualified registered nurses who would not have had much exposure to developing policies.

In a policy and position statement issued by the Trained Nurses Association of India (TNAI), it is stated that the very nature of nurses' work places them in a unique position, more than other health professionals, to gather information on health matters and should be included in formulating health related policies (Nurse's role in planning and policy making: Trained Nurses Association of India -policy and position statement 2012:1). The TNAI believes that including nurses in policy making will provide meaningful input and improvement in the overall health care system at local, state, regional, national and international levels. Akinci(2012: 1) contends by stating that including nursing in policy making will bring much needed invaluable input and ensure the best possible solutions are reach those that need it the most through nurses , who are the most efficient channels.

Table 4.6 presents eight (8) specific management competencies with regard to the planning of nursing care and activities to ensure the smooth running of the unit.

**Table 4.6 Respondents' rating on their competencies relating to planning(N= 58)**

ITEMS FROM QUESTIONNAIRE - COMPETENCIES REFLECTED IN PERCENTAGES (N=58)	ABLE TO PERFORM WITHOUT SUPERVISION (%)	ABLE TO PERFORM WITH MINIMAL SUPERVISION (%)	UNABLE TO PERFORM - REQUIRED DIRECT SUPERVISION (%)	NO RESPONSE (%)	VALID PERCENT
24.1 ) Develop a plan of care for patients according to physical needs	81	8.6	10.3		100
24.2 ) Guide other staff in the unit in planning for nursing care	79.3	15.5	5.2		100
24.3) Prioritise patient problems and appropriate nursing activities	77.6	13.8	8.6		100
24.4) Formulation of policies in the nursing unit	22.4	53.4	24.1		100
24.5) Planning of the daily routine of the unit	79.3	12.1	8.6		100
24.6) Identify and use resources in the planning of patient care	77.6	12.1	8.6		100
24.7) Set objectives for delivery of care in the unit	62.1	24.1	13.8		100
24.8) Assess and ensure safety of the environment in which care is delivered	79.3	8.6	12.1		100
AVERAGE	70	19	11	0	100

#### **4.4.2 Respondents' rating of their competencies relating to organisation**

The competency of organising scored the lowest among the competencies. An average of 56% of the respondents indicated they required no supervision with their performance of the organising function, 29 % required minimal supervision and 12 % required direct supervision. Three percent (3%) did not respond to the question (table 4.7).

Respondents rated themselves as less than 45 % competent in their abilities to perform functions such as recruitment and selection of staff (34,5%), devising orientation programmes for new staff (41,5%), identifying reasons for absenteeism (37,9%), and addressing absenteeism (31%). They indicated that they required some supervision and support from the unit manager with these tasks. These tasks are not commonly practiced especially by new graduates. The unit manager usually carries out these more complex tasks leaving the registered nurse to continue with tasks they are more experienced in such as the general running of the unit.

Although the nursing education programme prepares the new graduates for these functions they are not given the opportunity to practice them during their clinical rotation as students. Respondents felt able to orientate new members to the unit but not able to develop an orientation programme for staff. This could be due to the lack of time that it would take to devise a programme or they do not regard non-patient related paperwork as part of their function. The transition from student nurse to registered nurse not only involves a change in status but a major transition from a worker accepting allocated tasks, to a registered nurse, allocating and delegating to junior staff. Respondents perceived themselves competent in delegating responsibility of nursing care according to skills and abilities of staff, assigning delivery of care to other personnel and orientating new members of staff to the ward and their responsibilities.

Casey et al (2004:308) found graduates, with fewer than six months of experience, have a lack of organisational skills and found themselves 'disorganised', 'unable to determine a routine of their own', they are 'task-focused' and do not have 'enough time to think and organise in order to provide safe care'. As time progressed, they became more efficient. Etheridge (2007:26) asserts that, approximately nine months after graduation, new graduates develop the ability to make and act on complex decisions independently. The bridging programme graduates in this study are still finding their feet and, along with the tasks and stressors that come with being a registered nurse, they still have to take on the added responsibilities of management tasks. Lofmark, Smide and Wikblad (2006:725) citing Greenwood (2000) states that skills are demanded in healthcare that will increase in the future and newly-graduated nurses must be holistically focused.

**Table 4.7 Respondents' rating on their competencies relating to organisation  
(N= 58)**

ITEMS FROM QUESTIONNAIRE - COMPETENCIES REFLECTED IN PERCENTAGES (n = 58)	ABLE TO PERFORM WITHOUT SUPERVISION (%)	ABLE TO PERFORM WITH MINIMAL SUPERVISION (%)	UNABLE TO PERFORM - REQUIRED DIRECT SUPERVISION (%)	NO RESPONSE (%)	VALID %
24.9) Assess the workload in the unit	63.8	27.6	8.6		100
24.10) Able to identify the type and number of personnel required , according to the nature of services and nursing care in the unit	67.2	25.9	6.9		100
24.11) Delegate responsibility of nursing care according to skills and abilities of staff	72.4	20.7	6.9		100
24.12) Assign delivery of care to other personnel	70.7	17.3	10.3	1.7	100
24.13) Schedule staff duties	56.9	29.3	12.1	1.7	100
24.14) Participate in recruitment and selection of staff for the unit	34.5	27.6	31	6.9	100
24.15) Orientate all new members of staff to the ward and their role	72.4	19	6.9	1.7	100
24.16) Able to devise an orientation programme for new staff	41.5	44.8	10.3	3.4	100
24.17) Monitor and identify reasons for absenteeism in the unit	37.9	41.4	15.5	5.2	100
24.18) Address and implement strategies to reduce absenteeism in the unit	31	44.9	20.7	3.4	100
24.19) Identify aspects which are a waste of time and work out a programme to reduce the wasting of time	55.2	32.8	10.3	1.7	100
24.20) Ensure all equipment in working order to minimise disruptions	63.8	24.1	12.1		100
24.21) Ensure sufficient stock available to meet the needs of patient care	62.1	24.1	12.1	1.7	100
<b>AVERAGE</b>	<b>56</b>	<b>29</b>	<b>12</b>	<b>3</b>	<b>100</b>

#### **4.4.3 Respondents' rating on their competencies relating to directing**

Sixteen competencies relating to directing were assessed.

An average of 67, 4 % felt they required no supervision with the directing function of management, 21 % required minimal supervision, and 11 % required direct supervision (table 4.7). Respondents perceived themselves competent to perform the skills of providing guidance (75,9%) to the staff members, accepting responsibility and accountability (82,8%), communicating information and ideas to team members (82,8%), acting as patient advocates (77,6%), and being able to teach junior staff (77,6%). Respondents felt less competent to plan teaching programmes for nurses and others in the unit (55, 2%), foster a learning climate in the unit (67, 3%), and mentoring of staff (55, 2%). The respondents themselves are still coming to grips with their own role and mentoring of staff would be stressful.

An area that respondents perceived themselves as having low ability was identifying and guiding written communication methods in the unit (58, 6%). The reason for this cannot be explained as proper recordkeeping is a major focus throughout all training programmes and an integral part of the registered nurses function. Muller (2002:89) contends recordkeeping is one the most important requirements set out by the professional council. Nurse practitioners fail to account in writing every interaction with the patient and the results thereof. Communication is one of the most fundamental interactions that occur in the unit and is crucial for management of the unit. A total of 63, 8% of the respondents required no supervision with verbal communication and 60, 3% required no supervision with non-verbal communication. Registered nurses are in constant contact with the staff in the ward and must be able to identify problems with communication and be able to provide guidance to staff on the correct communication behaviour.

In the current clinical environment there are more assistive personnel like enrolled nurses, enrolled nursing auxiliaries and health care workers. The function of directing requires the registered nurses to accept the responsibility and accountability for patient care as well as delegating functions to junior staff. This could be the reason why the respondents rated themselves higher in the areas of guiding staff, accepting responsibility, communication of information and teaching of staff



**Table 4:8 Respondents ‘ rating on their competencies relating to directing (N=58)**

ITEMS FROM QUESTIONNAIRE COMPETENCIES REFLECTED IN PERCENTAGES (n = 58)	ABLE TO PERFORM WITHOUT SUPERVISION (%)	ABLE TO PERFORM WITH MINIMAL SUPERVISION (%)	UNABLE TO PERFORM - REQUIRED DIRECT SUPERVISION (%)	NO RESPONSE (%)	VALID %
24.22) Provide guidance to other staff members on nursing care	75.9	13.8	10.3		100
24.23) Accept responsibility and accountability for the level of care delivered	82.8	3.4	13.8		100
24.24) Able to communicate information and ideas regarding patient care to other team members	82.8	5.2	12		100
24.25) Act as a patient advocate	77.6	12.1	10.3		100
24.26) Teach junior staff to provide care	77.6	12.1	8.6	1.7	100
24.27) Make decisions independently about patient care activities	69	17.2	13.8		100
24.28) Able to identify and solve patient problems effectively	62.1	25.9	12		100
24.29) Assume responsibility for mentoring staff	55.2	34.5	10.3		100
24.30) Plan teaching programmes for all nurses and other health care workers in the unit	53.4	27.7	17.2	1.7	100
24.31) Encourage and create a positive learning climate in the unit	67.3	22.4	10.3		100
24.32) Provide support and encouragement to staff to make decisions and contribute ideas and suggestions.	72.4	13.8	12.1	1.7	100
24.33) Guide staff in aligning work performance with the vision, goals and mission of the organisation	55.2	34.5	10.3		100
24.34) Identify written communication patterns in the unit and guide on proper written communication methods	58.6	34.5	6.9		100
24.35) Identify verbal communication patterns in the unit and guide on proper verbal communication methods	63.8	27.6	8.6		100
24.36) Identify non –verbal communication patterns in the unit and guide on proper non-verbal communication methods	60.3	29.4	10.3		100
24.37) Support the nursing team in coping with stress in a positive way	63.8	24.1	12.1		100
<b>AVERAGE</b>	<b>67.4</b>	<b>21</b>	<b>11</b>	<b>0.6</b>	<b>100</b>

#### **4.4.4 Respondents rating on their competencies relating to control**

Seventeen competencies relating to control were analysed. An average of 59% indicated they required no supervision with the function of control, while 23% require minimal supervision and 15% require direct supervision (table 4.8). Ranked in the top five tasks where graduates felt competent were collaborating with other members of the health team in the delivery of patient care, and this includes with the doctor (77,6%), supervision of junior staff (77,6%), taking responsibility for the junior staff (77,6%), evaluating results of nursing care (72,4%), and promoting team work (72,4%).

Conversely, activities where respondents felt less competent included dealing with disciplinary matters (36,2%), counselling of staff (39,7%), evaluating staff performance (46,6%), dealing with and resolving conflict (44,8%), developing procedure manuals for unit based and institutional policies (36,2%). Disciplinary and conflict matters are usually dealt with by the unit manager and at managerial level. It is understandable that the majority (58, 7%) of respondents still require supervision with this function.

Romyn et al (2009:2), citing Fox, Henderson and Malko-Nyhan (2005), state many new graduates struggle with dealing with the realities of the work environment, accepting their own perceived inadequacies, developing self-awareness and trust of colleagues. They may lack the self-confidence to deal with sensitive issues like disciplinary and conflict matters.

O'Shea and Kelly (2007:1535), cites Bick (2000), who reaffirms that graduates come out with a lack of practical and managerial skills, which is difficult to teach in college and can be better learned through clinical experience.

**Table 4.9 Respondents' ratings of their control competencies (N=58)**

ITEMS FROM QUESTIONNAIRE - COMPETENCIES REFLECTED IN PERCENTAGES (n = 58)	ABLE TO PERFORM WITHOUT SUPERVISION (%)	ABLE TO PERFORM WITH MINIMAL SUPERVISION (%)	UNABLE TO PERFORM - REQUIRED DIRECT SUPERVISION (%)	NO RESPONSE (%)	VALID %
24.38) Evaluate results of nursing care	72.4	15.5	12.1		100
24.39) Apply regulations and policies in the delivery of care	60.3	25.9	12.1	1.7	100
24.40) Collaborate with other members of the health team in the delivery of patient care	77.6	10.3	12.1		100
24.41) Supervise junior staff	77.6	10.3	12.1		100
24.42) Able to demonstrate cost efficiency in the delivery of nursing care	70.7	15.5	13.8		100
24.43) Able to manage time effectively	68.4	15.5	15.5	1.7	100
24.44) Take responsibility for the junior staff	77.6	8.6	13.8		100
24.45) Motivation of staff	65.5	22.4	12.1		100
24.46) Dealing with disciplinary matters	36.2	32.8	25.9	5.2	100
24.47) Counselling of staff	39.7	39.7	17.2	3.4	100
24.48) Evaluating staff performance	46.6	27.6	20.7	5.2	100
24.49) Education of staff by providing in-service training	60.3	24.1	13.8		100
24.50) Promote team work	72.4	12.1	15.5		100
24.51) Dealing with and resolving conflict	44.8	39.7	13.8	1.7	100
24.52) Implement quality monitoring processes to ensure compliance to highest standards of care	51.7	34.5	13.8		100
24.53) Implement a monitoring system to exercise effective stock control and minimise and prevent stock loss	50	34.5	13.8	1.7	100
24.54) Develop procedure manuals for unit based and institutional policies	36.2	32.8	27.6	3.4	100
<b>AVERAGE</b>	<b>59</b>	<b>23</b>	<b>15</b>	<b>3</b>	<b>100</b>

#### 4.4.5. Summary of management competencies

The management competencies were summarised and presented in figure 4.15. An average of 63% of graduates felt able to perform all four management competencies without any supervision, 23% required minimal supervision and 12, 25 % required direct supervision with all management tasks. Only 1.75% of respondents did not respond to the questions.

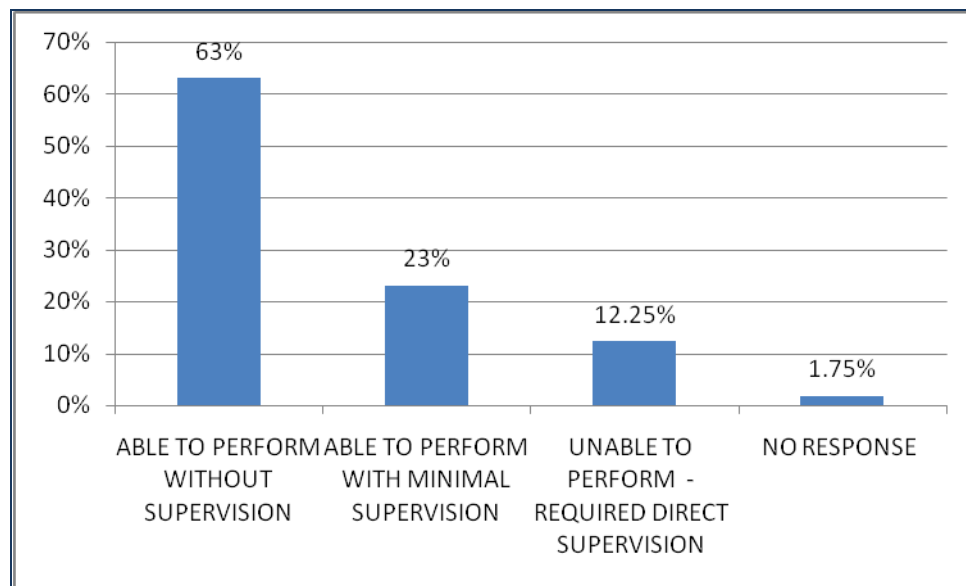


Figure 4.15 Summary of management competencies (N=58)

#### 4.4.6 Summary of Section C

The primary research objective of graduate's preparedness to manage a nursing unit was addressed in Section C. The average indicates that 63% of respondents rated themselves as being able to perform management functions without supervision. This is consistent with the ratings in question 20 where 55, 2 % of respondents stated the bridging programme prepared them for their management role. Twenty-three percent needed minimal supervision with their management tasks. Overall 86% were able to perform some management functions with minimal or no supervision. This is in contradiction to the 44,8% rating in question 20, where respondents felt the bridging programme did not properly prepare them for their management function.

The areas of management competencies that reflected the lowest ability was organisation and control. Ironically, when graduates were asked (question 19) to list the management

tasks they are currently performing in the unit, the tasks relating to organisation and control received the highest percentages.

Table 4.4 presented the number and percentage of respondents performing management tasks. Respondents described delegation, allocation of staff to the different duties, stock and equipment control and scheduling of duties for staff as tasks they perform frequently. These are all part of organising. Supervision of staff and provision of in-service to staff are control functions (see table 4.4). Respondents in this study did not verbalise any difficulty in planning of nursing care but expressed difficulties with organising, directing and control aspects of patient care. Carlson et al (2005:66) state the newly qualified registered nurse will have to fulfil the management role as a major part of her workload, by ensuring health care as well as nursing care is rendered. The newly qualified registered nurse is responsible for coordinating services and care of the nursing unit, as well as the care rendered by the multidisciplinary team.

## **4.5 ANALYSIS OF DATA FROM SECTION D**

Section D dealt with the socialisation of the graduate into the role of the registered nurse.

### **4.5.1 Theory – practice integration**

Two closed-ended questions were included that were measured on a Likert scale.

Respondents had to indicate their responses by using the scale (1) agree (2) sometimes and (3) disagree.

Question 25 required the respondents to indicate if they are able to apply the knowledge gained during the bridging programme to perform management functions.

The answers generated showed that most respondents 32 (55, 2%) agreed that they are able to apply the knowledge gained, 20 (34, %) stated sometimes and 6 (10, 3%) disagreed and felt that they were unable to apply the knowledge gained during the bridging programme (figure 4.16).

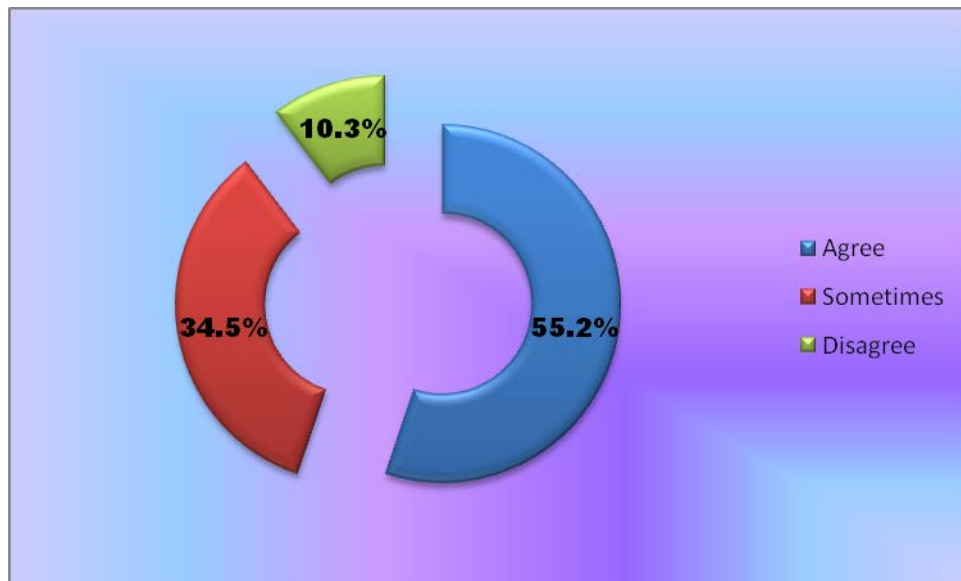


Figure 4. 16 :Graduates ability to apply knowledge gained in bridging programme to perform management functions (N=58)

Question 26 required respondents to indicate whether their clinical experiences during the bridging programme assisted them to perform management functions.

Thirty (51, 7%) agreed that the clinical experiences assisted them to perform management functions, while 23 (39, 7%) stated sometimes and 5 (8, 6%) disagreed.

The findings for both questions appear similar. Bork (2003:1), states that new registered nurses in their first job face competency expectations that differ from the expectations they experienced during their training. The nursing school may regard the programme as adequate in preparing new graduates for their roles while new graduates may disagree. This reveals that a gap exists in expectations of the two groups. The lack of confidence that some respondents feel about their educational preparation is a result of the theory-practice gap they experience. The requisite skills for today's registered nurses ,as defined by Bork (2003:14), are sharp assessment skills, accurate problem-solving, clinical decision-making abilities, communication skills and a commitment to patient advocacy. These skills were identified and analysed in Section C of the questionnaire.

New professional nurses explained that their lack of experience leaves them vulnerable as members of the health team because they lack confidence to manage a ward and delegate duties to staff (Carlson et al 2005:72).

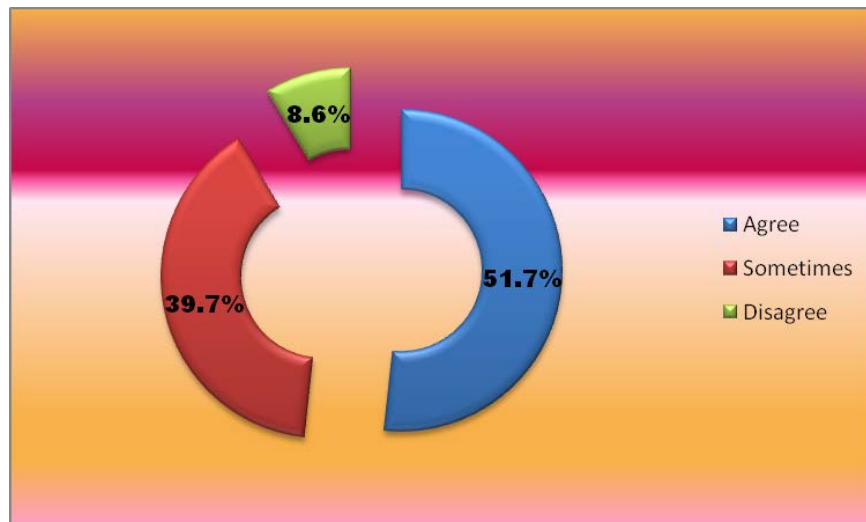


Figure 4.17 : Clinical experiences during the bridging programme that assisted respondents to perform management functions (N=58)

#### 4.5.2 Mentorship

Questions 27 to 30 addressed mentorship.

Question 27 required from respondents to indicate whether they were assigned a mentor in the first months of their practice as a registered nurse.

Fifty-five (94, 8%) out of fifty eight (58) respondents provided responses to this question. Eleven (19%) respondents had a mentor assigned to them, while the majority (44 or 75, 8%) did not have mentors. Three (5, 2%) did not respond (figure 4.18). These findings are supported by a study conducted by Brule (2008:76) where 65% of the respondents indicated that many hospitals are understaffed and they can no longer provide mentors for new nurses to guide them with their daily activities.

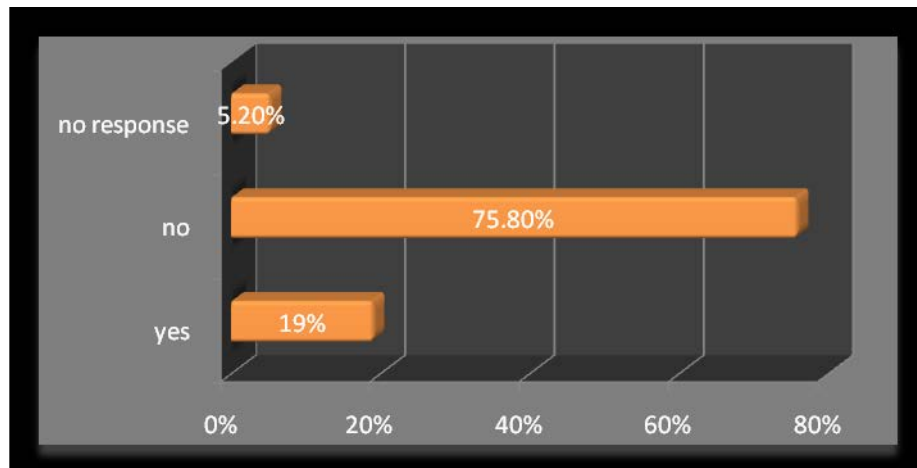


Figure 4.18 : Graduates being assigned a mentor (N=58)

Question 28 required respondents to answer for how long they were mentored. Of the eleven respondents who had a mentor assigned to them six (54, 5%) were mentored for one month, two (18%) for two months, two (18%) for three months and one (9, 5%) did not indicate how long she was mentored. Halfer and Graf (2006:155), advocate a period of eighteen months of mentorship by leaders, educators, preceptors, colleagues and peer support groups to help graduates adjust to their responsibilities.

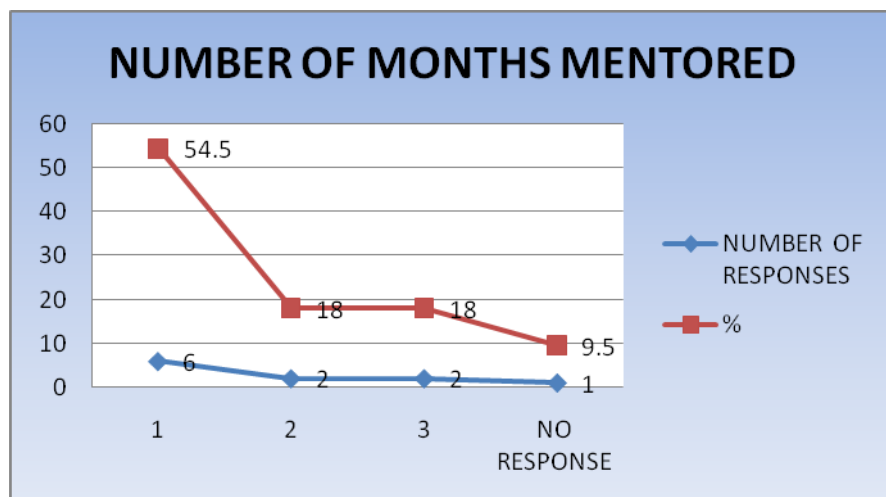


Figure 4.19: Number of months mentored (N=11)

Question 29 required respondents to indicate if they had the same mentor for the entire mentorship period. Of the eleven respondents that answered this question seven (64%) stated they had the same mentor for the entire mentorship period, three (27%) stated that they did not have the same mentor for the entire mentorship period and one (9%) did not respond (figure 4.20).



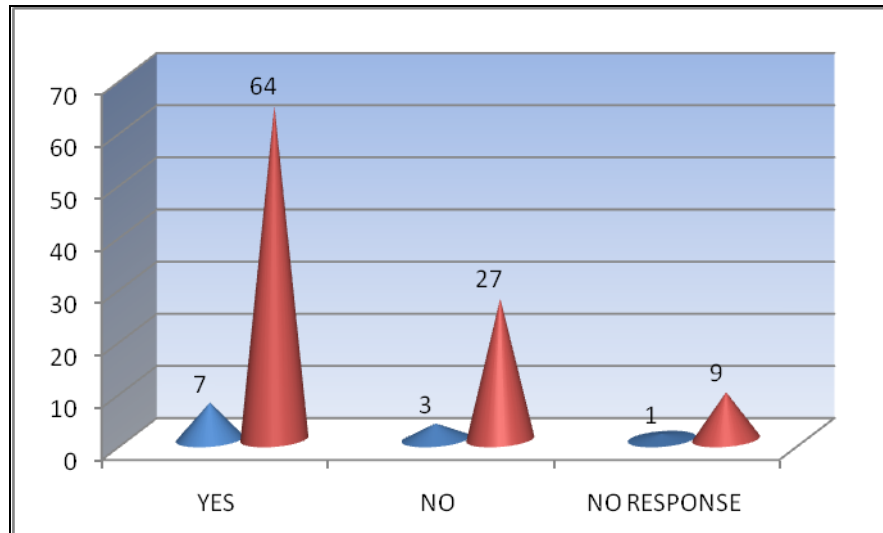


Figure 4.20: Graduates being assigned the same mentor for the entire mentorship period (N=11)

Question 30 was an open-ended question that required respondents to give reasons why they did not have the same mentor for the entire mentorship period. The reasons given by the respondents were that they were mentored by different registered nurses, as they did not work on one team only, but with different teams. Seven(7) of the forty four(44) respondents, who stated they were not assigned a mentor in question 28, also provided comments in question 30. Three respondents felt that they were not being mentored as they had worked in the unit previously and knew the way the unit functioned. One respondent, placed in the intensive care unit, was assigned a patient on her first day as she had worked there previously as an enrolled nurse. She was not assigned a mentor, but had more experienced nurses in the unit if she needed any assistance. One respondent was placed on night duty as the only registered nurse with no one to mentor her. One was mentored by her clinical facilitator and other senior staff in the ward and had no specific mentor. One respondent stated she had to work independently without a mentor.

Lekhuleni (2002:23), citing Quinn (1995), and Ryan and Brewer (1997), states that students might experience successful transition to professional nurses by mentorship. Mentorship may be the remedy to counteract reality shock experienced by newly qualified nurses in the work situation. Bowles and Candela (2005: 136), state that hospitals should use expert mentors to support new graduates as this will be beneficial in ensuring

satisfaction and long-term retention.

### 4.5.3 Orientation

Questions 31- 34 asked questions relating to the general orientation programme.

#### 4.5.3.1 General orientation

Question 31- asked the respondents if their hospitals had a general orientation programme. The majority, fifty four respondents (93, 2%), indicated their hospitals had a general orientation programme, two (3, 4%) answered no and two (3.4%)\ did not respond. The average length of the orientation programme is between three and five days as identified by the majority of the respondents (35 or 76% out of forty six). Seven respondents indicated periods longer than five days which is not standard for the hospitals under study. However ,this could not be clarified with the respondents due the anonymity of the questionnaires. Twelve (20, 7%) did not respond to this question. The length of the general orientation period is represented in Table 4.10. Delaney (2004:437), defines orientation as the beginning of a journey and the most crucial part of the transition. The author conducted a study which indicated that most of the graduates found twelve weeks of orientation sufficient and felt ready to be independent in their new roles as professional nurses

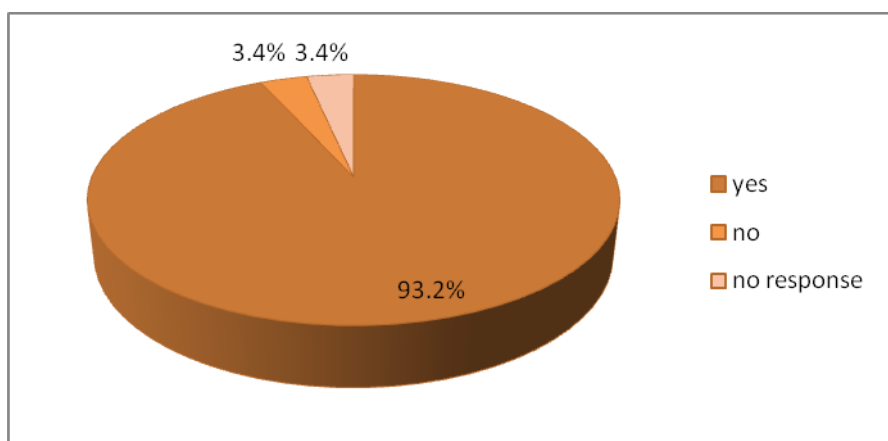
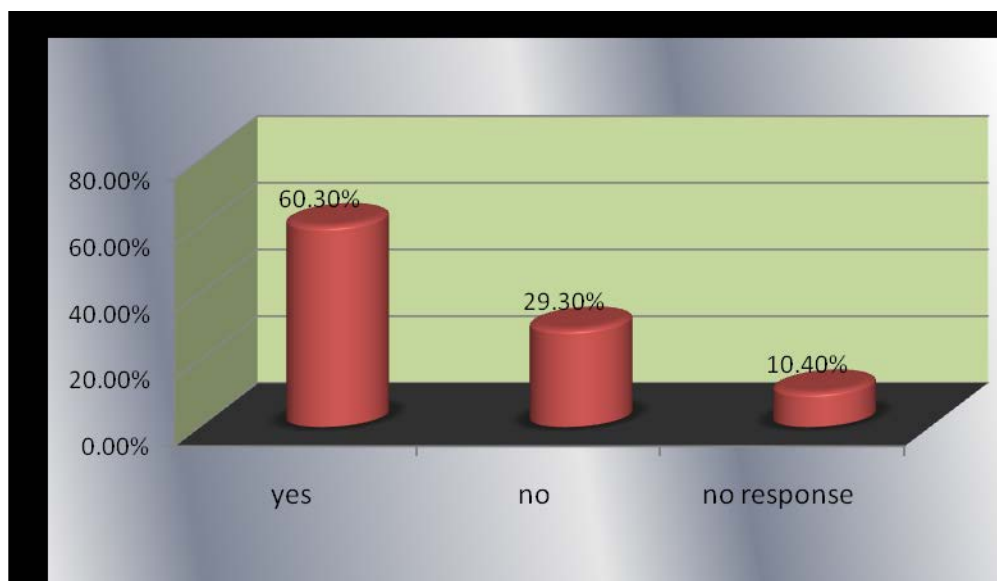


Figure 4.21 : General orientation programme for hospital( N=58)

**Table 4.10 Length of general orientation period (N=58)**

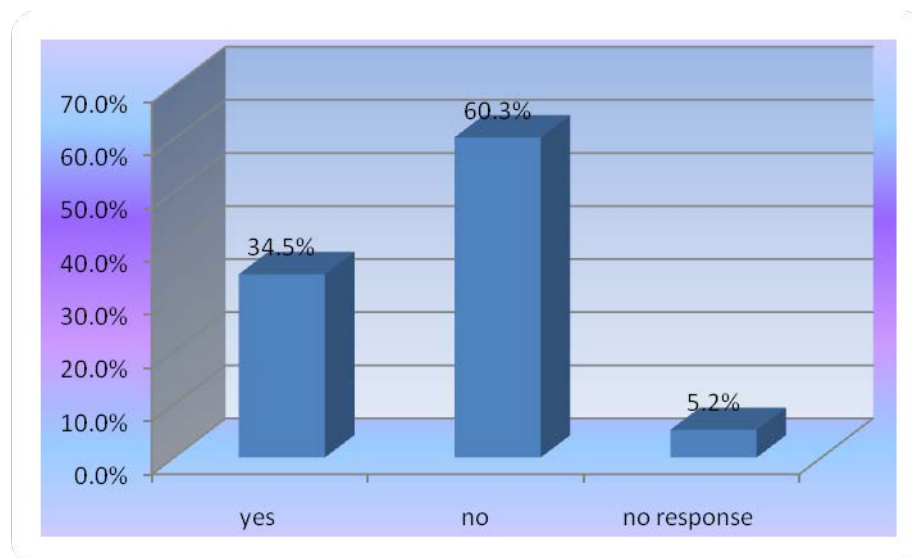
Days		Frequency	Percent	Valid Percent	Cumulative Percent
	1	1	1.7	2.2	2.2
	2	3	5.2	6.5	8.7
	3	13	22.4	28.3	37.0
	4	8	13.8	17.4	54.3
	5	14	24.1	30.4	84.8
	6	1	1.7	2.2	87.0
	7	3	5.2	6.5	93.5
	8	1	1.7	2.2	95.7
	10	1	1.7	2.2	97.8
	14	1	1.7	2.2	100.0
	Total	46	79.3	100.0	
Missing System		12	20.7		
Total		58	100.0		

Respondents were asked if they were given the opportunity to attend the general orientation programme. Thirty five of the fifty two respondents (60, 3%) attended the orientation programme while seventeen (29, 3%) did not and six (10, 3%) did not respond (figure 4.22). Due to staff shortages orientation programmes are sometimes not attended.

**Figure 4.22 : Respondents attending orientation programme (N=58)**

#### 4.5.4 Unit orientation

Respondents were asked if they received orientation in the units where they were placed on employment as registered nurses. Twenty (34, 5%) of the fifty five respondents received orientation in the unit while an alarming thirty five (60, 3%) did not receive any orientation and three (5, 2%) did not respond (figure 4.23). Four (11%) of the respondents that did not receive orientation in the unit stated that they were familiar with the unit as they had worked there previously as enrolled nurses prior to commencing the bridging programme. A common way of addressing the transition from student to registered nurse is through a structured and formal orientation programme in the unit. Kamphuis (2004:15), citing Castledine (2002), asserts newly qualified nurses lack some practical core competencies essential for helping the individual settle into the general nursing routine. These core competencies are obtained during the orientation period.



**Figure 4.23 :Respondents receiving orientation in the unit (N=58)**

Question 36 required respondents to indicate their period of orientation by using the scale (1) 0 - 1 week, (2) 2-3 weeks, (3) 4-5 weeks, (4) other, for which they could specify. The length of the orientation programme varied among respondents. Of the twenty five(25) who reported having received orientation in the unit, eighteen (31%), were in the programme for one week and less, one (1,7%) for 4-5 weeks and six (10,3%) indicated

other which represented less than one hour or one day of orientation (table 4.11). One respondent stated she was oriented for one day only, as she was familiar with the unit, having worked there as an enrolled nurse prior to the bridging programme. Thirty three (56, 9%) did not respond to the question. The researcher was unable to establish whether the non-response indicated the lack of orientation in the unit.

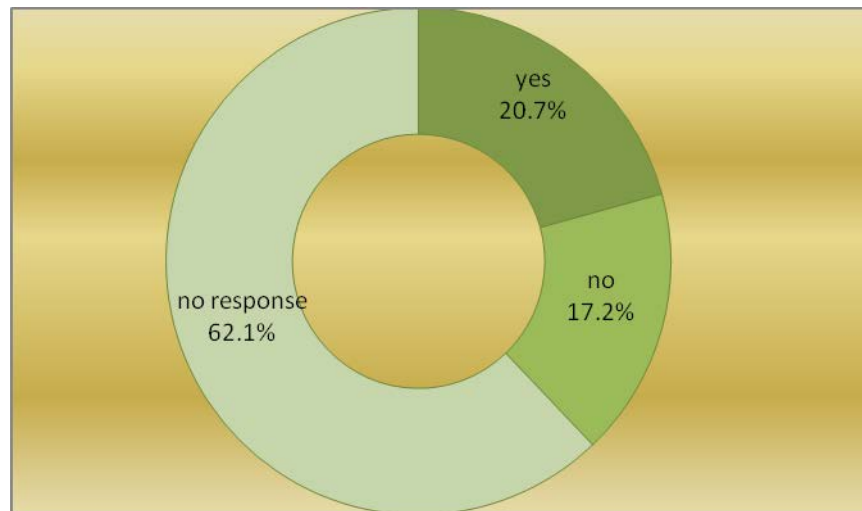
Kamphuis (2004:15) ,proposes a solution to ensure competency is to allow new graduates sufficient amounts of time to orient to their new role.

Deppoliti (2003:121), defines orientation as a process of learning the policies, procedures and role expectations of the job. During this process nurses are typically oriented by someone called a preceptor who is a fellow nurse with more experience.

**Table 4.11: The period of orientation in the unit (N=58)**

No. of weeks		Frequency	Percent	Valid Percent	Cumulative Percent
	0-1 week	18	31.0	72.0	72.0
	2-3 weeks	0	0	72.0	72.0
	4-5 weeks	1	1.7	4.0	76.0
	Other	6	10.3	24.0	100.0
	Total	25	43.1	100.0	
Missing System		33	56.9		
Total		58	100.0		

Question 38 asked the respondents if the orientation programme met their needs as a registered nurse. Twelve (20, 7%) felt the unit orientation programme met their needs and only two provided responses by stating that they received an understanding of their roles and functions. Ten (17, 2%) stated it did not meet their needs as the programme was too short. Thirty six (62, 1%) did not respond (figure 4.24).



**Figure 4.24 : Orientation programme meeting the needs of graduates(N=58)**

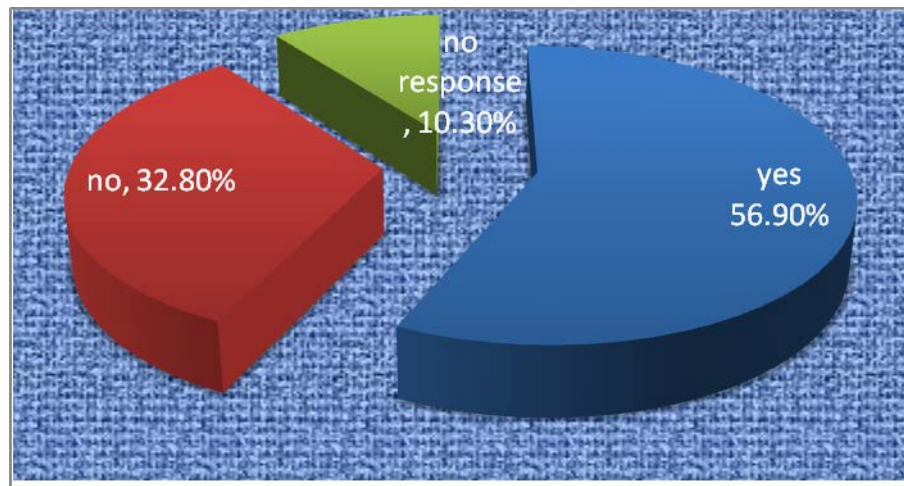
The researcher asked respondents in Question 37 to elaborate on the aspects of their orientation programme that helped them feel confident in their management function.

Respondents indicated:

- Orientation to the ward routine
- Introduction to the staff and doctors
- Introduction to the policies and procedures of the ward

#### **4.5.5. Supervision**

In Question 39 respondents were asked to indicate yes or no to receiving supervision in the unit on employment as a registered nurse. Most of the respondents, thirty three (56, 9%) received supervision, while nineteen (32, 8%) did not. Six (10, 3%) did not respond (figure 4.25).



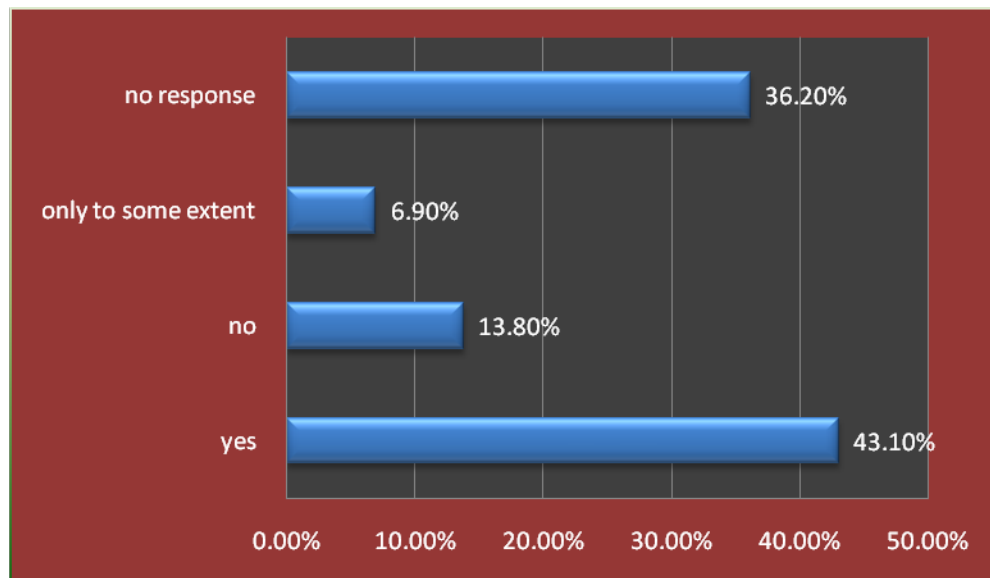
**Figure 4.25: Receiving supervision on employment as a registered nurse (N=58)**

Question 40 required respondents to indicate their period of supervision by using the scale (1) 0-1 week, (2) 2-3 weeks, (3) 4-5 weeks, (4) other, for which they could specify. The majority of respondents (36, 2%) received supervision for up to one week, while 10, 3% were supervised for 2 - 3 weeks and 8, 6% had a 4 - 5 week supervision period (table 4.12). The two (3, 4%) responses to other, yielded one respondent stating she was still being supervised. Brule (2008:54), cites Spouse (2001), who followed eight British nursing students over the course of a year. Those who worked with a supervisor showed more confidence and competency at the end of the year than those who did not. The author warns that nurses must never be allowed to work entirely independently as the support they receive from co-workers, mentors and supervisors is necessary to develop their knowledge.

**Table 4.12 : Period of supervision (N=58)**

Number of weeks supervised					
Weeks		Frequency	Percent	Valid Percent	Cumulative Percent
	0-1 week	21	36.2	61.8	61.8
	2-3 weeks	6	10.3	17.6	79.4
	4-5 weeks	5	8.6	14.7	94.1
	Other	2	3.4	5.9	100.0
	Total	34	58.6	100.0	
Missing System		24	41.4		
Total		58	100.0		

Question 42 asked if the respondents found the supervisor met their needs as registered nurses. The options were (1) yes, (2) no and (3) only to some extent (figure 4.26). Respondents were given the opportunity to provide comments for their responses. The findings were that twenty five (43, 1%) felt their needs were met, eight (13, 8%) felt their needs were not met and four (6.9%), had their needs met only to some extent. Twenty one (36, 2%) did not respond to this question.



**Figure 4.26 : The supervisor meeting the needs of the registered nurses (N=58)**

The comments regarding graduates' needs being met were:

*The supervisor was competent and experienced*

*The supervisor understood the needs of the newly registered nurse and provided guidance as well as showing respect.*

*The supervisor was very motivating and corrected mistakes timeously*

*Supervisors provided good explanations for questions asked and had good teaching skills*

One respondent, whose needs were not met, stated that the unit manager was hardly present in the unit to supervise as she was always attending meetings. No comments were provided by respondents who felt their needs were only met to some extent. Horton (2008:51), cites findings from studies conducted by Hayhurst, Saylor and Stuenkel (2005), Nedd (2006), and Tounsel and Reising (2005), supporting the need for supervision



to be incorporated in new graduate programmes ,as it is essential to improve the skills of new graduates, as well as to prevent new graduates from leaving the profession.

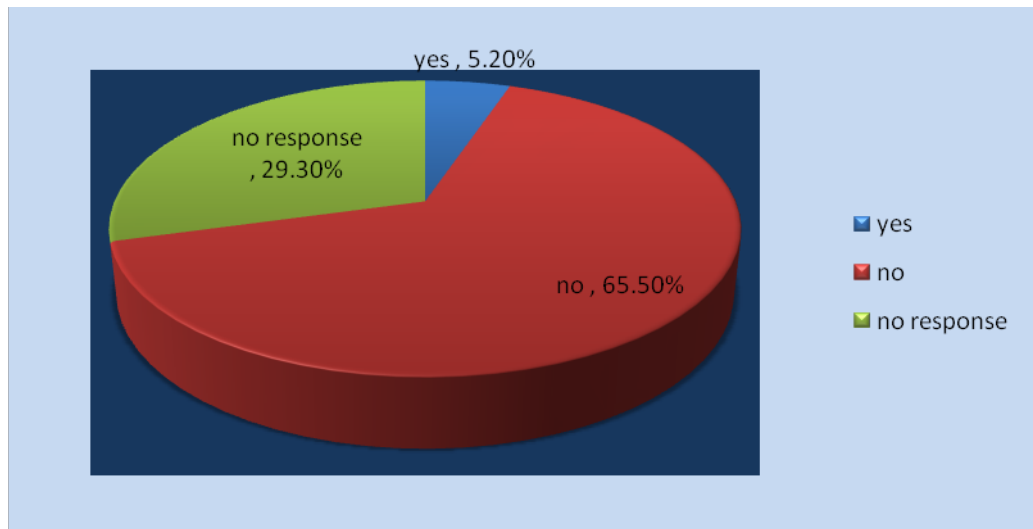
Putnam (2009:4), cites Polifroni, Packard, Shah and MacAvoy's (1995), findings of 25 percent of a student's time being spent on interacting with the instructor or other registered nurse, while 75 percent of the time was spent unsupervised. These findings are consistent with the current study and are concerning for several reasons. At graduate level intellectual, behavioural and social competencies must be developed. This requires guidance so that the skills can be perfected. Therefore, new graduates must be closely supervised to enable them to master the required competencies.

#### **4.5. 6 Internship**

Question 43 asked respondents if their hospital offered an internship programme.

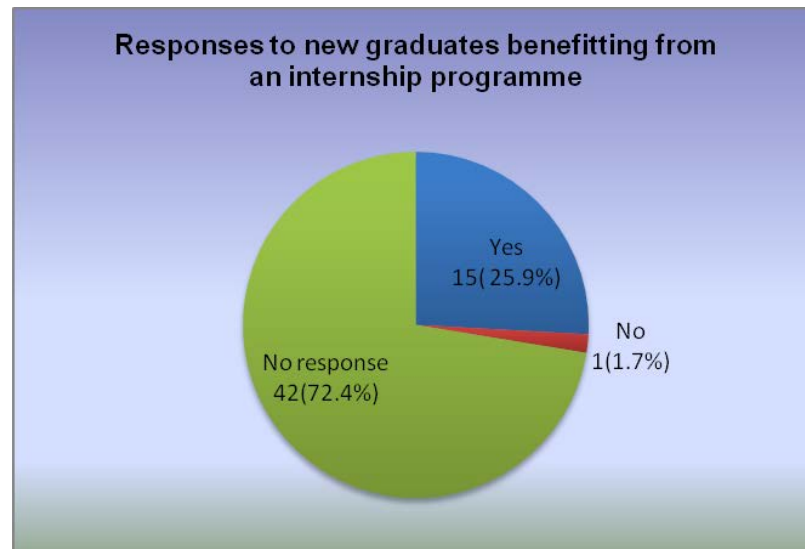
Thirty-eight (65, 5%) answered no to this question, three (5, 2%) said yes and seventeen (29, 3%) did not respond (figure 4.27). The researcher is not aware of an internship programme that is being offered by any of the hospitals under study. The researcher did verify with the hospitals where the respondents indicated there was an internship programme, and confirmed there was no internship programme. There was a misunderstanding of the question and respondents interpreted their two year payback period as a period of internship.

Morolong and Chabeli (2005:39), citing Mhlongo and Mashaba(1996), and Khoza and Ehlers (1998), found controversy over the competencies of newly qualified nurses on employment, as newly qualified nurses lacked cognitive, affective and psychomotor competencies. For this reason Gwele and Uys, as early as 1995, recommended that all newly qualified nurses undergo a six to twelve month internship (Morolong and Chabeli 2005:39). To the researcher's knowledge, this recommendation has not been addressed or implemented in South Africa.



**Figure 4.27 Hospitals offering an internship programme(N=58)**

Question 45 asked respondents if they thought that new graduates would benefit from an internship programme. They were to provide explanations for their responses. This question had a poor response. Fifteen (25, 9%) indicated that new graduates would benefit from an internship, programme, while one (1, 7%) stated no and forty two (72,4%) did not respond to this question (figure 4.28). Graduate nurses who failed the licensure examination for the first time in Ashcraft's (2007:60) study participated in a nurse internship programme. In this programme, the new nurse worked with a nurse mentor, practicing basic skills and observing the mentor's skills of organisation, delegation and prioritisation. This allowed the graduate to integrate knowledge with practice in the clinical area. All the nurses passed their examinations on re-test. This internship programme provided a strong foundation of support for new graduate nurses.



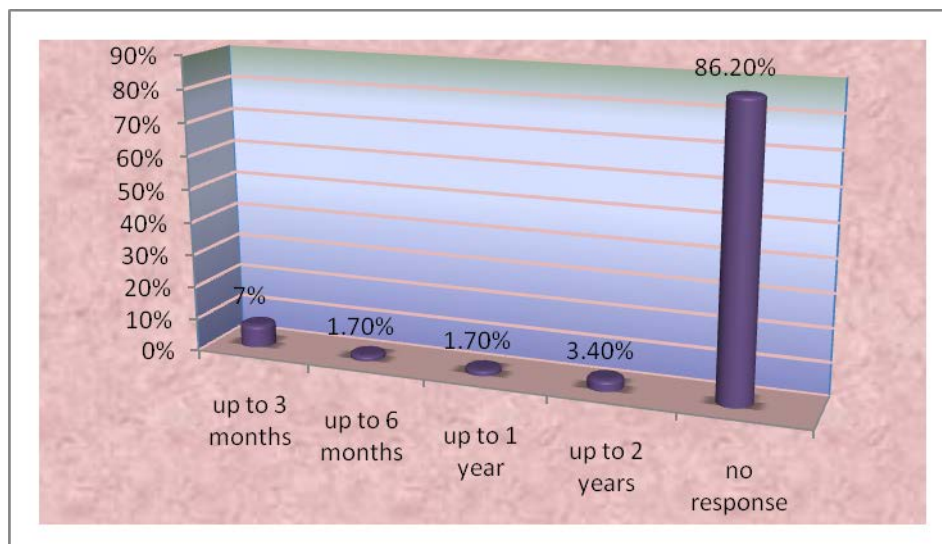
**Figure 4.28: New graduates benefit from an internship programme (N=58)**

The last question in this section, question 46, asked respondents how long an internship programme should be for new graduates.

Only eight (13, 8%) respondents answered this question. The majority of four (6, 9%) felt that internship should be up to three months, whilst one (1,7%) stated the programme should be up to 6 months and one (1,7%) thought it should be up to one year. Two (3,4%) felt it should be up to two years. One graduate commented that it was an excellent idea and method of transitioning from student to registered nurse.

An internship programme would allow new graduates to practice skills with expert supervision, but without the pressures of being a student. Graduates would be prepared for their new roles in a supportive work environment.

Romyn et al (2009:8) ,reports that respondents from their study advocated an internship in their final year of the nursing programme to foster a successful transition into the workplace. Findings from Walsh's (2009:42), study indicated that respondents found the sixteen week internship programme positively affected their socialisation into their professional role.



**Figure 4.29 Period of internship (N=58)**

#### **4.5.7 Summary of Section D**

Recognising that the first twelve months is stressful and challenging for new graduates, makes it necessary for an environment that is supportive and nurturing, that allows them to adapt and adjust to their roles and expectations. This view resonates with a study conducted by Johnstone, Kanitsaki and Currie (2008:52), where the findings strongly suggested that support is fundamentally a process that aids, encourages and gives a new graduate confidence to practice safely and effectively in the areas in which they have been educationally prepared to work. This can be accomplished by providing opportunities for socialisation into their new role, a combination of theoretical and clinical skills and also prepares new graduates for entry into their role of registered nurse. The majority of respondents (55, 2%) indicated the theory provided and (51,7%) agreed that the clinical experiences, during the bridging programme, assisted them in performing their management functions.

Mentoring by more experienced staff facilitates in the development of self-confidence and competence. The majority of respondents (75, 9%) were not mentored while only (19%) indicated they were mentored. Sixty four percent (64%) had the same mentor while 27% had different mentors. The mentorship period was between 1 and 3 months

The majority of respondents (60,3%) attended the general orientation programme while 29, 3% did not. Only 39,7% found the general orientation programme beneficial,

while 5, 2% did not. The average length of the general orientation programme was five days. Conversely, 60, 3% of respondents did not receive orientation in the unit in which they were placed, while (34%) received orientation. The majority (31%) stated the orientation lasted one week, while 10, 3% indicated that unit orientation lasted one day and one hour. Only 20, 7% found the unit orientation beneficial, while 17, 2 % did not. Integration of theory and practice can be facilitated by supervision. The majority of respondents (56, 9%) received supervision ,and (43, 1%) found the supervisor met their needs while 13, 8% did not. On employment as a registered nurse 32, 8% did not receive any supervision.

Internship is not a common practice in the hospitals under study. The researcher wanted to establish if any of the hospitals had implemented an internship programme, as well as to obtain the views of graduates regarding the benefits of an internship programme. These questions had very few responses, where 25, 9% indicated the new graduates would benefit and 1, 7% felt they would not. The majority (6, 9%), suggested that internship should be up to three months

#### **4.6 ANALYSIS OF DATA FROM SECTION E**

Question 47, the final question in the questionnaire, was an open-ended question requesting suggestions on how management competencies could be improved for bridging graduates. The responses were analysed for patterns. Of the fifty eight respondents, fifteen (26%) did not provide any responses. The suggestions from the other forty three (74%) respondents were as follows:

- Mentoring and supervision for all new graduates on managerial tasks (6 respondents)
- Unit managers must be available to assist students obtain competency in managerial tasks (6 respondents )
- Unit managers to be orientated to their responsibilities regarding assisting the students to achieve their management objectives. The importance of the ward manager for leadership strongly emerged in the graduates' responses. Unit managers retain responsibility for teaching students at ward level, but changes to their role prevent them from having a more direct role in student

learning ( 4 respondents)

- Respondents felt that the one month allocated for management practical is not sufficient. More time - up to three months to be allocated(17 respondents)
- Respondents indicated a need for more management as part of their educational preparation (4 respondents).

This finding is not surprising considering how quickly graduates are put into management roles.

- While training, students must be allowed to manage the unit under supervision of the unit manager (8 respondents).
- Management practical must be introduced early in the course and not in the second year (1 respondent).

These findings are consistent with Candela and Bowles (2008:270) where they state most nursing programmes consider management as an end of program concept and are usually placed in the final semester programmes and supplemented by some type of preceptorship experiences. The authors advocate management and leadership concepts should be incorporated from the beginning of the programme and consolidated throughout the curriculum.

- During the management practice month, allocate students to the units in which they will be placed so that they get to know the ward (3 respondents).
- Students are not to be used in the ward as workforce during their management practical months, as they are unable to achieve their competencies (3 respondents).

The data shows that the unit managers did not always consider students' supernumerary status and allocated them to be part of the workforce. Despite their supernumerary status, students are still expected to be involved with the delivery of care. These findings are consistent with findings from a study conducted by O'Driscoll, Allan and Smith (2007).

- Clinical facilitators in the hospitals and college must be available to assist students achieve their management objectives (3 respondents).
- Job descriptions must be available for newly registered nurses so they are aware of their expectations (2 respondents).

## **4.7 Conclusion**

Chapter 4 presented the perceptions of bridging programme graduates' preparedness for their role as registered nurses and to manage a unit. Data was analysed and interpreted. A significant finding of this chapter was that the majority of bridging graduates perceived themselves prepared for their roles as registered nurses and able to manage a unit.

Chapter 5 will present a summary of the findings, conclusions, recommendations and limitations.

## CHAPTER 5

### SUMMARY OF FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

#### 5.1 INTRODUCTION

This chapter provides a summary of the research findings, conclusions, recommendations and limitations. New graduate nurses' transition to the role of a practicing registered nurse and their management competencies were examined through the eyes of bridging programme graduates.

Hickey (2010:35) states the educational preparation of nurses must afford the necessary skills and foundation for graduates to practice at a basic level of competency and safety. The clinical and instructional experiences during the academic programme should prepare students for entry into practice and provide learning opportunities that aid in the transition to the professional role.

Candela and Bowles (2008:266) state employers criticize nursing education programmes for not preparing graduates adequately for the realities of the workplace. On the other hand nursing schools seem to be telling employers not to expect graduates to be fully functional on employment. These authors contend, what is silent in this debate, is the voice of the recently registered nurse graduates. It is important to understand how prepared new graduates feel about the realities of the workplace. Their views and experiences may assist with the development of nursing education programmes that prepare graduates to succeed in any workplace environment.

Graduates from this study completed the bridging programme for enrolled nurses, leading to registration as a general nurse, according to Regulation R683, and worked in private hospitals in KwaZulu-Natal during the data collection period.

The objectives of the study were as follows:

- Describe how newly qualified bridging programme graduates view their preparedness for their roles in managing a nursing unit on completion of the



bridging programme.

- Determine whether new bridging programme graduates experience any challenges in managing a nursing unit.

A summary of findings and the conclusions of this study will be described according to the objectives. An overview of the demographic profile of the respondents will be presented first. The graduates were asked to provide suggestions on how bridging graduates can gain management competencies.

The suggestions provided by the respondents were included throughout this chapter as part of the recommendations relevant to each theme.

## **5.2. SUMMARY OF FINDINGS AND CONCLUSIONS**

### **5.2.1 Demographic information of respondents**

The demographic profile of the bridging graduates has a bearing on the outcomes of the study. All students enter the bridging programme as adult learners. Adults are highly motivated and return to school for their own professional advancement. The length of time working as enrolled nurse auxiliaries and enrolled nurses may influence preparedness after graduation.

#### *Age and gender*

The study looked at whether age and gender influenced the professional competency of new graduates. The ages of the respondents were between 19 and 50 years of age, (see Table 4.1). A Chi-square analysis of age and level of preparedness was done (see 4.3.2). There was no association between age and the respondent's preparedness to manage a nursing unit (see table 4.3). The older respondents were no more competent than the younger respondents. This is illustrated by a respondent who was in the age group of 50 years and over, who stated she was minimally prepared for the registered nurse role on completion of the bridging programme and it took her as long as 4 to 5 months before she felt competent to practice as a registered nurse. The professional competencies in the younger groups varied as some felt competent in their registered nurse role on

completion of the bridging programme, whereas some did not. The respondents of this study were predominantly females (57) and one male respondent (see 4.2.2). The respondents had different perceptions of their competencies related to managing a nursing unit.

### *Clinical experience*

The majority of graduates (59%), in question 7, were placed in general medical and surgical units (see 4.2.4). The other 41% were placed in specialty units such as Intensive Care, Cardiac Care, Neonatal Intensive Care, Oncology and Maternity units (see figure 4.4). Graduates working in the Intensive Care units reported they were not left alone in the units or in charge of the units on graduation. They would need to gain experience in these areas before being left in charge.

Dyess and Sherman (2009:407), state historically, new graduates were initially assigned to general medical-surgical units. Today, for a variety of reasons, new graduates are often selected for positions in high-acuity specialty areas. One reason for this may be the shortage of registered nurses in the health services.

### *Employment*

The majority of respondents (79, 3%), indicated they were left in charge of the unit. Most respondents (52%) had been left in charge of the unit more than ten times in one month. Ten out of fifty eight respondents (17, 3%) are in shift leader positions (see 4.2.6). Shift leaders or team leaders are registered nurses placed in charge of a team. They are responsible and accountable for all patient care activities provided by the team.

In 2007, Newton and McKenna conducted a study using focus groups to investigate the transitional journey through the graduate year amongst new graduates in Australia. These authors conducted a follow up study in 2009. The study explored how new nurses develop their knowledge and skill over the first 18 months following graduation, as well as factors promoting or inhibiting their development.

McKenna and Newton (2009:10) citing their previous study Newton and McKenna (2007), found that graduates in their first six months of clinical practice were coming to grips with the realities of practice and their own survival, understanding hospital processes and procedures and their place in the clinical setting. The formal graduate year programme was used as a means of protection for new graduates and only in the second six months did graduates begin to understand their practice and how to manage situations

## Conclusion

The graduates had prior exposure to the clinical setting and nursing activities. Noteworthy is the graduates' response to being left in charge of the ward and teams soon after graduating, with some as early as in the first month. This highlights the demand that exists in the current health care setting, where new graduates are placed in positions for which they are unprepared. Graduates indicated that the shortage of registered nurses had an impact on them to assume responsibility soon after graduating. It needs to be acknowledged, in the initial transition period, graduates will be struggling with the realities of the clinical setting and learning to manage the situations they are faced with in their practice as registered nurses.

## *Work experience*

In order to understand different factors that might have influenced the respondents' preparedness to manage a unit, questions included graduates' years of previous experience as enrolled nursing auxiliaries and enrolled nurses. Of the fifty eight respondents (50%), worked as enrolled nursing auxiliaries for up to 6 years before becoming enrolled nurses. One respondent had worked between 16 and 20 years before enrolling as a nurse (see 4.2.7).

Of the fifty eight respondents, only one had not worked as an enrolled nurse before registering for the bridging programme. The majority of respondents had worked up to 3 years and one had been working between 11 and 15 years as an enrolled nurse before becoming a registered nurse (see figure 4.9).

All graduates have had prior nursing experience, before commencement of the bridging programme. The assumption is that, due to their prior experience as enrolled nurses and enrolled nursing auxiliaries, the bridging programme graduates are placed in charge of the units soon after graduation. This was not explored in the study. The Scope of Practice, Regulation R2598, for enrolled nurses in South Africa requires that they practice either under the direct or indirect supervision of a registered nurse, although they retain a level of responsibility for their actions and are accountable when providing nursing care delegated to them. Enrolled nurses can deliver certain aspects of nursing care similar to registered nurses, but they are limited by their scope of practice.

## Conclusion

It is concluded that the bridging programme curriculum needs to take into account the previous experience of the students and more focus should be placed on the management roles and expectations of the registered nurse in the current health care setting. All graduates had prior clinical experience before commencing the bridging programme. What was not explored in this study was how their previous work experiences impacted or contributed to their competence as registered nurses in the current practice. The functions of and the context in which care is delivered between enrolled nurses and registered nurses are different. Enrolled nurses primarily focus on nursing activities, while registered nurses' functions include a significant level of planning, organizing, directing and control. Hence, the previous work experience of the bridging graduate should not influence the expectations that the new graduate will be able to function as a registered nurse immediately on graduating. Cubit and Leeson (2009:893) state the persistence of a culture that expects graduate nurses to be 'workplace ready' and able to 'hit the ground running', places additional pressures on graduates who were enrolled nurses. There is no evidence to suggest they are more prepared to perform as graduates than those without a nursing background.

### 5.2.2 Graduates preparedness for the role as a registered nurse

The first objective of the study was to describe how newly qualified bridging programme graduates view their preparedness for their roles in managing a nursing unit on completion of the bridging programme. This objective was addressed in Sections B, C and D of the questionnaire.

#### *Preparedness for the registered nurse role*

According to the responses 44,8%, indicated they were well prepared and 51,7%, indicated they were minimally prepared to practice as registered nurses, while 3,4%, of the respondents did not consider themselves prepared for the registered nurse's role (see Figure 4.10).

Of the two respondents that felt not prepared at all, one (respondent A), was qualified for 4 months, had between 4 and 6 years of practice as an enrolled nurse and had been placed in charge of a shift for more than ten times in the last month. The other respondent indicated she was working in the unit for 22 months. The assumption is that she included her total months of working experience in the unit. This respondent did not have any experience as an enrolled nurse and went on to complete the bridging programme on conclusion of the enrolled nurse programme.

It may be assumed that previous experience would have a positive association on graduate's views of preparedness to manage a nursing unit. No correlation between these variables was found. The respondent with more than 16 years of nursing experience prior to commencing the bridging programme rated her overall preparedness as minimally prepared.

#### Conclusion

The programme objectives as stipulated in Regulation R683, states on completion of the course, the student must be able to practice personal knowledge and skill independently and accept responsibility therefore. The conclusion is drawn that the majority of respondents did not fully achieve these objectives as the majority felt minimally prepared. A constant perception among respondents, as indicated in their

responses to Question 47 of the questionnaire, was that the bridging programme did not include sufficient opportunities for students to acquire hands-on experience. It did not generate the confidence and readiness to acquire the skills.

#### *Time period to feel competent*

The majority of the graduates (69%), felt competent in their practice as registered nurses within the first 3 months, after completion of the bridging programme (see 4.3.3). An interesting finding was that five respondents still did not feel competent. Respondent A, as discussed in the above section, also indicated that she did not feel competent in her practice as a registered nurse, but was left in charge of the unit. The other four respondents had 3 months and less experience as registered nurses. However, three of the four respondents indicated they were left in charge of the unit between 3 and 10 times in the last month (see figure 4.6). Some respondents realised their limitations and indicated their lack of competence in their current practice as registered nurses.

#### *Conclusion*

From the findings of this study it appears that it takes up to three months before graduates feel competent, although minimally, in their practice. Prior hands-on experience as enrolled nurses, may have contributed to the confidence that bridging graduates felt regarding the time period it took to feel competent in their practice as registered nurses. The testing of competency fell beyond the scope of this study, and the conclusion is therefore drawn from the responses of the graduates.

#### *Current management responsibilities*

The most common management functions frequently performed by new graduates included: delegation of duties to subordinates (40%), supervision of staff (38%), collaborating with the multidisciplinary team in the delivery of patient care (33%), scheduling of staff (33%), and allocation of staff (24%).

Less commonly performed tasks included: providing in-service and teaching to staff (17%), control of stock and equipment (12%), ordering and control of drugs (17%), and problem solving (12%) (see table 4.4).

## Conclusion

The findings highlight the management skills and functions that new graduates must possess on qualifying, as these are immediate requirements and functions that they are expected to perform. The requirements of the newly qualified registered nurse extend across nursing and management functions. An understanding of these functions would bring to light which educational pathways need to be followed to effectively develop these competencies in order to prepare new graduates to function at this level.

The findings support the value of integrating more management skills in the bridging programme, as it is obvious from the responses that graduates are expected to carry out these functions.

### *Preparation for management responsibilities*

Just more than half of the respondents (55, 2%), acknowledged the bridging programme prepared them for their management responsibilities. They indicated the following aspects: competency gained during the supernumerary month (18%), exposure to management competencies while rotating through the various units in their training period (9%), competency gained during facilitated practical activities (9%), and course content of the bridging programme (64%)(see table 4.5).

## Conclusion

It appears that some of the bridging graduates considered their theoretical and practical preparation and experiences to have been sufficient to assist in their management role. However, a significant portion (44, 8%), felt the bridging programme did not prepare them for their management responsibilities.

While overall it appeared that the bridging graduates were prepared for their registered nurse roles, there is evidence from this study to conclude that there are

shortfalls in the bridging programme especially with regard to developing management skills. The bridging programme provides the knowledge for practice, but not the necessary practice time required for developing management proficiency. The study findings show that bridging graduates were not given enough opportunities to practice management skills as students. The practical assessment focuses on nursing activities and not management activities. The supernumerary month allocated to practice was too short for management skills development and was therefore not sufficient. Although the impact of staff shortages was not explored, graduates indicated that it led to minimal exposure to management competencies.

There is a need for a stronger foundation for management competencies to be provided in the bridging programme. The finding that new graduates feel unprepared to assume their professional roles is reported in the literature by Casey, Fink, Krugman and Propst (2004:309) and Ellerton and Gregor (2003:107).

#### *Transition experience*

The second objective of the study was to determine whether new bridging programme graduates experience any difficulties in managing a unit. Section B of the questionnaire addressed this objective.

#### *Stressful aspects during transition*

The new graduates felt inadequately prepared for their management roles, having had limited opportunity to develop management skills (see 4.3.6). They found the transition process very stressful and this was aggravated by the lack of support systems in place. Graduates experienced difficulty in their relationships with staff, co-workers and colleagues. They did not get the respect due to them from their colleagues. Their related stress was also due to new situations and working with new groups of staff, doctors and managers with whom they were not well socialised. Other issues such as feelings of incompetence, taking responsibility and being accountable for junior staff, and having to adjust from being supervised all the time as a student to being left alone to manage the team, contributed to sources of stress.



Respondents indicated that as a result of staff shortages their experiences alternated between being supernumerary, when staffing levels were adequate, to being expected to perform nursing and ward activities when there were shortages of staff.

## Conclusion

What was striking was that graduates agreed there was a significant gap between being a student and a registered nurse. The conclusion is reached that the graduates had no one to turn to in difficult situations, and this could have contributed to making their roles more stressful. The transition role was stressful due to insufficient preparation in terms of management skills and inability to handle different situations encountered. Graduates felt stressed when staffing levels were short. This highlights the need to ensure that supportive measures such as mentorship and supervision are in place to help reduce the stressors associated with the adapting to the registered nurse role

### *Factors that assisted transition*

Respondents indicated the period of supernumerary status, during their bridging programme training, was beneficial and assisted in making the transition easier. During this time they were not included within the staffing quota and were able to work alongside the unit managers and more experienced qualified nurses, observing and learning how to assume their new role. Some respondents had been allocated a mentor who helped them understand the roles expected of them (see 4.3.7).

## Conclusion

It can be concluded that what positively influenced the transition was the performance in real life situations. Graduates found this as the most beneficial method where they learned through active participation and working alongside the unit manager during the supernumerary month. The findings highlight that management was learnt through observation and imitation in the clinical setting. Role models and the presence of mentors are critical for graduates to achieve these skills.

The current classroom-based management preparation can therefore be improved by being more practice related.

### **5.2.3 Factors relating to management competencies**

The first objective of the study was to describe how newly qualified bridging programme graduates view their preparedness for their roles in managing a nursing unit on completion of the bridging programme which was addressed in Section C of the questionnaire.

#### *Planning*

Graduates rated themselves as having a good or strongly developed ability to plan and prioritise nursing interventions (see 4.4.1). An average of 89% of respondents was able to perform this function with minimal or no supervision required. They evaluated their ability as strongest in areas of developing a plan of care; assessing and ensuring safety of the environment; planning the daily routine of the unit; guiding other staff in the unit; prioritising patient care activities and using resources in the planning of care. Graduates however felt poorly prepared to formulate policies and needed supervision in this regard. This is understandable as students are not involved in policy making (see table 4.6).

#### *Organisation*

The competencies of organization and control received lower scores than the planning and directing competencies. Organisation, which is critical to the orderly functioning of the unit, appears to be the competency which is less developed among graduates. An average of 56% graduates could perform this function without supervision (see 4.4.2). The graduates felt better prepared to perform the skills of delegation; assignment of nursing care; orientation of new staff; managing acuities; assessing the workload; and stock and equipment control. These are routine tasks that are performed on a daily basis in the units in order for the unit to function smoothly (see Table 4.7). The graduates indicated that they were not competently prepared with regard to recruitment and selection; devising orientation programmes;

and addressing absenteeism. These are difficult issues to deal with and the unit manager normally does this. Graduates should not be expected to deal with these difficult issues so early in their practice as newly qualified registered nurses.

### *Directing*

In general, graduates found themselves requiring minimal supervision with the function of directing (see 4.4.3). Less than half of the respondents indicated they required supervision with the planning of teaching programmes; mentoring of staff; guiding staff to achieve the organisation's vision and goals and supporting the team to cope with stress. What was worth noting was graduates' responses to the fundamental function of communication in the unit. Surprisingly high numbers require supervision with written communication, referring to both verbal and non-verbal communication skills (see table 4.8).

### *Control*

With regard to the management competency of control, it appears that graduates do not have the necessary skills with regard to counselling of staff; handling disciplinary issues; evaluating staff performance; resolving conflict and developing procedures for the units (see Table 4.9). It may be that this issue is rarely dealt with during nursing education programmes.

### *Conclusion*

It is concluded that graduates are competent with regard to planning and directing, but require supervision with the functions of organization and control. Development of expertise in management skills needs clarification. It must be acknowledged that there will be certain basic skills that graduates will be able to perform and more comprehensive skills will be developed after a period of time. It is not possible to learn and develop all the necessary skills during the bridging programme, as some skills only develop with experience. It is evident that alternative strategies need to be considered to provide students with opportunities to learn and practice management skills.

This calls for more proactive teaching methods like role-play and simulated management experiences during the bridging programme. Difficult tasks like counselling and dealing with disciplinary issues, evaluating staff performance, resolving conflict and developing procedures for the units can be mastered through simulated techniques and role play .

#### **5.2.4. Graduates socialisation into the role of the registered nurse**

The questions in Section D of the research instrument, addressed both objectives of the study.

The aim was to identify what factors, during socialisation into the role of the registered nurse, contributed to graduates' preparedness to manage a nursing unit and what factors may have contributed to them experiencing any difficulties in managing a unit.

##### *Theory –practice integration*

Slightly more than half of the respondents in this study felt confident about their educational preparation for their role and the theory and clinical experiences during the bridging programme assisted them to perform their management functions (see 4.5.1.2 and Figure 4.16).

##### **Conclusion**

The number of respondents that felt confident is not significantly high. It is evident that the bridging curriculum provides the knowledge base for practice, but not the necessary practical time and experience required for clinical proficiency. The nursing education institution and the clinical practice area must find better ways to integrate theory with practice. Preparation in the classroom for management must be practice based. Students must be given the opportunities to use practice-based scenarios to analyse and discuss management concepts. The theory content must be relevant and practical and must encourage active student participation.

### *Mentoring*

Only 19% of respondents had mentors assigned to them (see 4.5.2.1). Mentorship lasted between one and three months (see Figure 4.19). Respondents felt they were not assigned mentors as they had worked previously in the units, and knew the way the unit functioned.

### *Conclusion*

It can be said that graduates are no longer students or enrolled nurses that worked under the supervision of the registered nurse. Graduates have now entered the unit in a different role. They are not ready to practice independently and require support and guidance. There was a lack of consistency in who assisted with mentoring. Those who were mentored found the experience positive and had their needs met. Formal mentorship programmes are essential to enable graduates to gain the necessary experience for their management roles. Graduates will benefit from the support from more experienced staff in order to refine their skills for practice. They must be provided with guidance that allows them to learn the role and responsibilities of the registered nurse.

### *Orientation*

The majority of graduates (60, 3%) attended general orientation, which lasted in most cases between 3 and 5 days (see 4.5.3.1). It was alarming to note that only 34, 5% of the respondents had orientation in the unit (see figure 4.24). The general orientation programme proved beneficial to graduates as it provided an overview of how the hospital functions. The unit orientation ranged between one day and 4 to 5 weeks. Some graduates felt the unit orientation programme was too short and did not meet their needs although they did not provide reasons (see 4.5.4.1). Although most nursing graduates went through some form of orientation, others did not. It could be that managers considered the new graduates' previous experiences as enrolled nurses as sufficient for them to be acquainted with the units.

Ellerton and Gregor (2003:103) state financial constraints in healthcare centres no longer allow comprehensive orientations and programmes of continuing education and it comes as no surprise that senior nurse managers are pleading for graduates who 'can hit the ground running.' Dyess and Sherman (2009:403), contend that in this era of cost containment, there have been greater demands on nurse leaders in practice settings to shorten new employee orientations and move new staff into patient care assignments more rapidly.

## Conclusion

Orientation is the first step in learning about the new roles and the practice environment. Findings conclude after a short period of orientation graduates were left on their own to carry out the registered nurse's roles. Graduates did voice the opinion that the orientation covered generic processes as well as specific aspects of nursing unit-based practice. In order for new graduates to understand their roles there needs to be a clear and structured orientation programme in place, at institutional as well as unit level. Efforts should be made to support the new graduates through a formal orientation programme.

## *Supervision*

Just more than half of the respondents (see 4.5.5.1) received supervision, which lasted 4 to 5 weeks (see Table 4.12). The common tasks, over which graduates were supervised, included planning of duty schedules, allocation of staff, stock and equipment control, scheduled drug control, supervision, problem solving and some nursing activities in specialised units (see 4.5.5.3). Graduates felt their supervisors met their needs, some completely and others to some extent (see 4.5.5.4). The needs met included being guided and treated with respect, being motivated, mistakes being corrected and questions answered. This confirms that graduates need the support of supervisors during the initial transition period. Supervision is intended to assist graduates with the integration of theory and practice.

## Conclusion

Supervision is necessary in the support and development of skills required for the registered nurse role. Graduates are not ready to practice independently and will need support and supervision from more experienced registered nurses.

### *Internship*

The hospitals under study do not offer an internship programme. Interestingly, only 25, 9% of the graduates indicated that they would benefit from an internship programme which should last from 3 months to two years (see Figure 4.29). The need for an internship programme is supported by a study conducted by LaFauci (2009:84) in New York. Respondents of this study felt that what was needed for new nurses was a formal residency or internship experience after graduation, which would help with the transition for the new graduate to the registered nurse's role.

## Conclusion

Drawing from the responses it can be concluded that initiatives such as three-month to one-year internship programmes might provide support and guidance to graduates in the initial period of transition. As new graduates lack the appropriate skills and knowledge expected from the registered nurse, hospitals can benefit from taking students as interns.

### 5.3 RECOMMENDATIONS

The recommendations are provided as they pertain to nursing education, nursing practice and further research.

#### NURSING EDUCATION

##### *Meeting the needs of learners*

The findings of this study highlight an awareness of learners' needs regarding the management skills necessary for practice. Educators must find ways to incorporate meeting the needs of learners in all aspects of the educational process by providing learning activities that assist learners achieve the outcomes of the learning programme. Learners must be provided with theoretical and clinical experiences that lead to achieving management competencies necessary the workplace.

##### *Exposure to management competencies*

Learners in the basic nursing courses need more exposure to management competencies, both in their clinical and theoretical programmes. More emphasis should be placed on the development of managerial skills of student nurses during their clinical placement. Ideally students should be supernumerary so that they can gain maximum learning experiences instead of being used as part of the workforce. This would give the students time to consolidate and practice management under the supervision of experienced nurses.

##### *Revision of the management curriculum*

Respondents of this study suggested including more theoretical and clinical hours for management during the bridging programme. As the bridging programme is being phased out, a recommendation for the new basic course curricula is to include more management experiences as indicated by the findings of the study. The new curricula must focus on an overall professional role orientation for the basic course



graduates. The course content must equip the graduate with the relevant knowledge and skills to function effectively.

### *Develop active learning strategies*

More active learning strategies need to be developed to enable new graduates to adjust to the responsibilities of their new role. Nursing programmes must re-examine current clinical teaching models and implement new methods to increase student learning. Clinical instructional models need to be re-evaluated, as students need more opportunities to learn the critical skills that are required of them on completion of their training programme. Simulations may give new graduates opportunities to practice dealing with these competencies in a safe setting. Students must take part in the important aspects of registered nurse practice, so that they gain the necessary knowledge and skill, which is expected at the point of qualification

### *Improve communication skills*

It was disturbing to note that graduates experienced difficulty with verbal, non – verbal and written communication. Communication is standard to nursing practice and patient care. Nursing programmes must provide learners with training and arrange for clinical experiences to gain competency in these critical skills. Communication skills must be incorporated throughout the programme. The findings also indicated that graduates need communication skills training that includes conflict resolution and problem solving. Debriefing and feedback must be given to improve skills.

### *Collaboration between academic and clinical setting*

In order to understand and meet the needs of learners and provide meaningful clinical experiences there must be regular meetings between the nursing educators and nurse managers in the clinical areas. The realities of the current practice such as the shortage of registered nurses, poses various challenges and the educational

programmes must be able to prepare graduates to function effectively in the clinical setting.

## **NURSING PRACTICE**

*Leadership must be visible and available*

Graduates identified that unit managers must be present in their units and available to assist them during the transition. They require support and guidance from leaders in order to gain the necessary proficiency and skills as registered nurses.

*Form partnerships with nursing schools to bridge the theory–practice divide*

Nursing managers and nurse educators must sit together and work out how to improve clinical experiences for students. The clinical areas must identify and allocate experienced nurses who will be able to teach graduates and socialise them into their professional roles and expectations.

Unit managers must be given the guidelines and objectives of students, so that they are aware of the content and able to correlate theory with practice.

An understanding of the objectives would assist in enhancing student's practical experiences.

*Graduates must be supervised*

Graduates need to be supervised by experienced registered nurses and unit managers for three months or more in order to consolidate theory and practice. Supervision must ensure graduates are acquainted with the tasks and responsibilities that are expected of them.

*Orientation must be based on the needs of new graduates*

Orientation programmes must be structured to provide the new graduate with the necessary skills for practice. The needs of graduates must be determined prior to a programme being drawn up. The focus must be on the individual learning needs of

the graduates and of the unit and organisation. As part of their orientation, new graduates should receive training dealing with conflict and absenteeism, as these are issues which they are likely to encounter in the practice setting on a frequent basis.

#### *Provision of mentors for new graduates*

Mentors must be allocated to graduates long after the orientation period to provide continued support and guidance. Mentors must be consistent. Ideally graduates must be assigned to the same shifts as mentors. Allocate graduates to shifts where support systems are available to assist and guide them. In the practice discipline experienced nurses play a vital role in the support and development of registered nurses. Reilly (2005:150) states there is concern about the graduates accepting responsibilities of ward management in relation to administrative policies and procedures and not having all the answers available for questions that arise. The author proposes clinical internship and mentoring as a strategy that can probably assist the new graduates. This would introduce them to the practice setting under the guidance of an experienced registered nurse

## **RESEARCH**

The results of this study produced many questions for further research on graduates' preparedness for their professional roles. Further research is recommended in the following areas:

An investigation into the experiences of graduates, trained at other nursing education institutions and hospitals, may provide valuable information for the improvement of nursing programmes

Determining the specific training needs of registered nurse graduates, with regard to management skills, may enable nursing education institutions to adequately prepare the students for their management role.

The study findings that could be the basis for further investigations, for example this same group of registered nurses may be followed up in two or three years time to identify how their management competencies improved.

The study can be replicated in different provinces and among different registered nurse programmes to compare data that may identify different findings.

#### **5.4 LIMITATIONS OF THE STUDY**

The study was limited to newly qualified registered nurses who graduated from the bridging programme leading to registration as a nurse (general), according to Regulation R683, as amended.

This study explored how the graduate nurses, from a private nursing school and private hospitals within KwaZulu-Natal, developed their management skills on graduation, so it may not be reflective of graduates' experiences elsewhere.

The study explored the perceptions of bridging programme graduates on their preparedness to manage a nursing unit. The actual competencies in relation to unit management was not observed or evaluated.

The survey was conducted in private hospitals in KwaZulu-Natal, therefore, the results might not be generalisable to bridging graduates in other provinces and those that trained and work at other hospitals.

The perceptions of the bridging graduates may not provide a representative account of bridging graduates elsewhere in the country.

Since the research study commenced, the bridging programme will be phased out in June 2013 (SANC: 2011). Graduates completing the new basic programmes may face similar problems of being placed in charge of units soon after graduation. The results of this study can, in any case, be regarded as important for the management content of the basic nursing programmes.

#### **5.5 CONCLUSION**

Nurse educators and nurse managers are challenged to find ways to rapidly integrate newly graduated nurses into their registered nurse roles, while ensuring that they are adequately supported during the transition from student to registered nurse. The results of the study have provided more knowledge about the initial employment experiences of graduates and the difficulties they face in their work environment with regard to management of the nursing unit.

In this study, the respondents mainly indicated a positive clinical and theoretical educational experience. Most respondents felt they were prepared to some degree for their role on graduation as registered nurses. The results of this study support the need for changes in the clinical and academic environment that will provide graduates with opportunities to develop clinical competence and ease their transition into practice.

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